

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2021**

South Carolina



PART B DUE February 1, 2023

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The South Carolina Department of Education's (SCDE) strategic vision includes that all students graduate prepared for success in college, careers, and citizenship. Defined core priorities include supporting the social-emotional learning, health, and safety needs of students through a whole-child approach; strengthening standards, curriculum, instruction, and assessment alignment within schools and districts; enhancing infrastructures, resources, data, and technology of the State's public educational systems; addressing the equity needs of districts and schools through differentiated supports and school transformation; and promoting educator and school leadership development.

The vision of the Office of Special Education Services (OSES) describes the grounding assumptions, purpose, and goals for the office and reads: "If the OSES provides consistent, collaborative, proactive direction and support focused in the areas of academics, social emotional learning, early childhood development, and post-secondary transition by using data-based decision making, quality instruction (evidence-based practices), family and community engagement, and fidelity in implementation then local education agencies (LEAs) will have the infrastructure, capacity, and sustainability to provide students with disabilities equitable access and opportunity to meet the profile of the South Carolina graduate (world-class knowledge, world-class skills, and life and career characteristics)."

Additional information related to data collection and reporting

Over the last two years, the Individualized Education Program (IEP) system has presented challenges in the collection and reporting of IDEA data which has caused major concerns in the reliability and validity of the data. The OSES Enrich and Data Team have worked diligently with the vendor to resolve on-going issues via monthly meetings. In July 2022, the OSES began to work with the Office of Research and Data Analysis (ORDA) Director to assist with data quality processes and OSES hired three additional contracted employees to assist with the data. The OSES has published a Request for Proposal for a new vendor system in December of 2022, which closes in February of 2023 with a tentative final decision in April. If the current vendor does not win the award, the OSES has requested an extension with Frontline to include a transition plan.

Number of Districts in your State/Territory during reporting year

85

General Supervision System:

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

The SCDE has a system of general supervision in place to ensure that the Individuals with Disabilities Education Act (IDEA) Part B requirements are met. This system is designed to ensure that students with disabilities receive a free and appropriate public education (FAPE).

Prior to August 2022, the OSES had referred to its general supervision process SoTA (System of Tiered Assistance). The office priorities were focused around four focus areas that included Early Childhood (EC), Academics (ACA), Social-Emotional (SEL), and Post-Secondary Outcomes (PSO). The EC team was responsible for indicators 6, 7, and 12. The SEL team was responsible for indicator 4 and 8. The ACA team was responsible for indicators 3, 5, 9, and 10. The PSO team was responsible for indicators 1, 2, 13, and 14. The Dispute Resolution team handled state complaints and facilitated IEPs. Dispute resolution hearing requests and mediations are handled by the Office of General Council. Under the SoTA era, the OSES cyclical monitoring of LEAs was discontinued.

With changes in leadership and input from Special Education Directors, the Advisory Council for Education Students with Disabilities, (ACESD), internal staff, and parents, the office was restructured, and the general supervision process was changed to promote a more cohesive approach to general supervision. The office is divided into six teams that include: Dispute Resolution, Integrated Monitoring, and Compliance Team, Parent and Community Involvement Team, Implementation Support Team, Recruitment, Retention, and Programs Team, Data Team, and Fiscal and Grants Management Team.

The Data Team is responsible for collecting the federally required data elements from districts. As discussed in the previous section, there have been significant issues with our current data collection system and the SCDE is working diligently to resolve those issues. The Dispute Resolution, Integrated Monitoring, and Compliance Team is responsible for state complaints, cyclical monitoring, and focused monitoring as well as monitoring of the compliance indicators (4, 9, 10, 11, 12, and 13). The Family and Community Involvement team oversees our facilitated IEP process and hosts our Ombudsperson. Our ombudsperson assists in resolving informal complaints, concerns, and questions by acting as an intermediary between parents and LEAs. The Family and Community Involvement team is responsible for collecting indicator 8 and 14 information to inform the needed technical assistance for families and provide information to our parent and training resource center, Family Connection of SC, of the needs in our state.

The Fiscal and Grants Management (FGM) team utilizes a three-tier model to ensure that LEAs are appropriately allocating and expending funds and resources received under the grant provisions of the IDEA with the purpose of improving outcomes. This process is separate from program monitoring. Fiscal monitoring is conducted annually using a self-assessment. These results are then included in a risk assessment that guides additional, more targeted and intensive monitoring activities such as desk audits and file reviews. Data from the fiscal monitoring process is integrated with data from the other components of the system in the LEA Determinations. The FGM Team utilizes a risk-based tiered model to ensure LEAs are appropriately allocating and expending the funds and resources they receive under the grant provisions. The tiered monitoring system includes increasing levels of scrutiny of processes and documentation through a tiered progression.

The Implementation Support and the Recruitment, Retention, and Programs Teams are responsible for utilizing the results from the monitoring findings and other data sources to provide technical assistance to districts. These two teams work extensively with other SCDE offices to assist LEAs with providing support to students with disabilities to ensure a results driven accountability system. This support will be defined in the next section.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.

The SCDE has mechanisms for providing high quality, evidence based technical assistance (TA) and support to LEAs. Technical assistance is provided through a tiered system of support. All LEAs are able to request TA from the SCDE at any time to support their needs. Topics that have been requested include but are not limited to compliance, fiscal support, instructional support, and interpreting data. There are a variety of evidence-based resources on the website as well as courses through the learning module system.

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The SCDE has contracts with a variety of technical assistance centers housed in several institutes of higher education which include, Transition Alliance of SC (TASC) and South Carolina Partnership for Inclusion (SCPI). This past year, two new contracts were signed with the Academic Alliance of SC (AASC) and the Behavior Alliance of SC (BASC). In addition, the OSES has contracts with the state's parent and training and information center, Family Connection of SC, and SC ABLE, a nonprofit organization representing individuals with disabilities. This past year, LEAs were able to request support from these TA centers as needed. These four OSES funded TA centers have joined together to form SC TEAMS (SC Transition, Early Childhood, Academics, Multi-Tiered Systems of Support, Social/Emotional/Behavioral). SC TEAMS will launch in the summer of 2023.

In the summer of 2023, SC TEAMS will launch a website that will provide evidence-based resources for educators, families, and community members. The website will contain links to the OSEP technical assistance centers, training modules, and other resources. Members of our institutes of higher education along with other content experts will provide expert content review.

In the 2023-2024 school year, the districts with the highest needs will be supported through SC TEAMS. A SC TEAMS facilitative coach will collaborate with the district to identify and prioritize the needs based on their data and identified priorities. A support team that includes members of SC TEAMS, representatives of other offices in the SCDE, and district representatives will conduct a root cause analysis to identify the problems with precision. The team will set targeted goals for improvement and embed action steps into the existing district plan and align with other initiatives. The team will identify needed training and members of SC TEAMS will provide on-sight training and coaching of the evidence-based practices needed to improve outcomes and ensure a results driven accountability system.

In the 2023 designations for Every Student Succeeds Act's Additional Targeted Support and Improvement (ATSI) many schools were identified for a second cycle for students with disabilities. The SCDE will provide support to implement evidence-based practices for students with disabilities to these schools. Our State Systemic Improvement Plan (SSIP) will further define the steps that the SCDE will take with these schools.

In the new cycle of identification, there is a significant increase of the number of schools identified for Targeted Support and Improvement (TSI) for students with disabilities. The SCDE plans to support these needs jointly by regional coaching by the Office of School Transformation and the Office of Special Education Services.

This year, the TA offered to our new Special Education Directors was changed based on feedback from previous new directors. New Director's Leadership Academy (NDLA) is based on the Council for Exception Children (CEC) Advanced Administrator Special Education Professional Leadership Standards and consists of a combination of virtual and face-to-face sessions. This year, the SCDE has worked with SC's CEC Council for Administrators for Special Education (SC CASE) to establish a mentor program for our new directors. Veteran directors are matched with a new director to offer support.

District data managers are offered a combination of face-to-face and virtual professional development sessions. Each month, data managers are provided support around the upcoming reports that are due to the SCDE.

District special education directors and chief financial officers are offered TA in areas such as maintenance of effort (MOE) calculations, excess cost calculations, allowable cost, and IDEA fiscal responsibilities. Districts are offered more intensive TA based on their fiscal data.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.

The SCDE has mechanisms for providing high quality, evidence-based TA and support to LEAs. Technical assistance is provided through a tiered system of support. All LEAs are able to request TA from the SCDE at any time to support their needs. Topics that have been requested include but are not limited to compliance, fiscal support, instructional support, and interpreting data. There are a variety of evidence-based resources on the website as well as courses offered through the learning module system.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State's Systemic Improvement Plan (SSIP).

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Apply stakeholder involvement from introduction to all Part B results indicators (y/n)

YES

Number of Parent Members:

24

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The South Carolina Advisory Council for Educating Students with Disabilities (ACESD), parent center staff from several parent training agencies, South Carolina's parent training institution Family Connection, and various parent engagement groups across the state are provided an opportunity to learn about and provide input on the state's SPP/APR. Initial information was provided to individuals via video. The videos shared allowed participants to gain an understanding of what the state's SPP/APR is and South Carolina's six-year plan related to the SPP/APR.

The videos described to stakeholders that the SPP is a six-year plan of the state's efforts to implement the requirements of IDEA and improve implementation statewide. While the APR is an annual report on the state's performance on the 17 indicators. The presenters from the Office of Special Education Services (OSES) explained the two categories under which the indicators fall and explained the purpose for each indicator. With that, the presenter shared with the stakeholders the method by which data is gathered for each of the indicators. Next, the parent groups were given information regarding the annual targets of each of indicators. As the annual targets were explained, the presenter shared with the stakeholders proposed improvement strategies to address compliance and responses.

Then the parent groups worked in groups discussing targets, analyzing data, developing improvement strategies, and evaluating progress in the following ways: live virtual sessions, surveys, small group discussions, focus groups, instant polls, each followed by and a "Q and A" forum facilitated by the OSES.

The Family and Community Partnership Team from the OSES worked to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

The OSES launched an initiative to prepare South Carolina parents to meaningfully contribute to this process. The OSES partnered with and trained the staff at Family Connection, our Parent Training and Information (PTI) Center, to provide parents a basic understanding of the SPP/APR in order to educate and empower parents to take part in the development of the improvement strategies related to the indicators. The ACESD, parent center staff from several parent training agencies, South Carolina's parent training institution Family Connection, and various parent engagement groups across the state held regional and targeted informational sessions to provide parents with an overview of the requirements, anticipated data targets, and guided analysis for the indicators. To encourage meaningful participation, we introduced the indicators with the following description:

1. Post-Secondary Considerations (Indicators 1, 2, 13, and 14)
2. Student performance (Indicators 3 and 7)
3. Dispute resolution outcomes (Indicators 15, 16)
4. Performance of students with disabilities alongside their nondisabled peers (Indicators 5, 6, and 17)
5. Meaningful participation in the educational program process (Indicator 8)
6. Discipline (Indicator 4)
7. Disproportionality (Indicators 9, 10)
8. Child find/preschool (Indicators 6, 7, 11, 12)

During each session, staff from OSES, Family Connection, other family training agencies were on hand to clarify issues and explain options that provided an in depth examination for parents to relate to the indicators and demonstrate understanding and meaningful participation in the process. Through this process, parents were provided the opportunity to advise the OSES on target setting for the results-based indicators. Historical Indicator data was presented to the parents to better inform their decision making with regard to setting targets.

Each of the input sessions included opportunities for parents to provide suggestions and recommendations on improvement strategies, data analysis, and evaluation of targets. Each of the recorded sessions was interpreted by an American Sign Language interpreter. In addition, our Spanish speaking families were provided access to recorded sessions and the ability to provide feedback via our online survey as with the other sessions. The OSES found that holding the virtual sessions during morning and afternoon hours increased parent participation.

In the summer of 2023, it is the goal to work with our PTICenter, Family Connections of SC, to create focus groups to increase parent participation in the target setting process.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

The OSES analyzed the feedback to ensure it is representative of our state. The OSES looked at the representativeness through the lens of race/ethnicity, disability, grade span, and location of respondents. The OSES seeks feedback on survey development and distribution from our special populations team which includes representation from multilingual learners, foster families, military families, immigrants, correction facilities, alternative schools, McKinney-Vento, and other special populations. The OSES contracts with a translator who is fluent in IDEA in Spanish and Portuguese.

The Family and Community Partnership Team within the OSES led the charge to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

The OSES launched an initiative to prepare South Carolina parents to meaningfully contribute to this process. The OSES partnered with and trained the staff at Family Connection, our Parent Training and Information (PTI) Center, to provide parents a basic understanding of the SPP/APR in order to educate and empower parents to take part in the development of the improvement strategies related to the indicators. The ACESD, parent center staff from several parent training agencies, South Carolina's parent training institution Family Connection, and various parent engagement groups across the state held regional and targeted informational sessions to provide parents with an overview of the requirements, anticipated data targets, and guided analysis for the indicators. To encourage meaningful participation, the OSES introduced the indicators with the following description:

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6. Discipline (indicator 4)
7. Disproportionality (indicators 9, 10)
8. Child find/preschool (indicators 6, 7, 11)

During each session, staff from OSES, Family Connection, other family training agencies were on hand to clarify issues and explain options that provided a deep dive for parents to relate to the indicators and demonstrate understanding and meaningful participation in the process. Through this process, parents were provided the opportunity advise the OSES on target setting for the results-based indicators. The OSES presented the parents

with historical data of the indicators to better inform their decision making with regard to setting targets.

Each of the parent input sessions included opportunities for parents to provide suggestions and recommendations on improvement strategies, data analysis, and evaluation of targets. Each of the recorded sessions was interpreted by an American Sign Language interpreter. In addition, our Spanish speaking families were provided access to recorded sessions and the ability to provide feedback via our online survey, just as the other sessions. The OSES found that holding the virtual sessions during morning and afternoon hours enhanced parent participation.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The SPP/APR was discussed in the summer with new special education directors. In the Fall of 2022 at the Special Education Leadership Meeting, over 200 stakeholders received information and updates about the SPP/APR progress. The leadership meeting offered an opportunity to solicit input from stakeholders about the indicators. The stakeholders in attendance represented administrators from every LEA in the state. These administrators included local special education directors, coordinators, school psychologists, speech-language pathologists, and other LEA-level administrators. In addition, faculty from numerous state institutes of higher education attended, along with representatives from many non-profit organizations. Finally, due process hearing officers and mediators, along with representatives from the state's parent training organization were present. Breakout sessions were designed to share the SCDE's new process for general supervision as well as the vision for technical assistance moving forward.

The SCDE also shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). The South Carolina ACESD partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR are shared at the quarterly meeting with this group. The targets have been shared with our Joint Citizens and Legislative Committee on Children and feedback has been solicited from this group as well.

There is information about the SPP/APR on the SCDE website with a link to provide input. (The stakeholder input page for the SPP/APR is located at: <https://www.ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/data-collection-and-reporting/state-performance-plan-and-state-determinations/spp-apr-stakeholder-input/>.)

Stakeholders have access to the website and are able to offer feedback at any time. The SCDE continuously reviews the feedback. The SCDE is in the process of getting an email address for the SPP/APR so that input can easily be shared at any time about the targets.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The OSES shared the completed FFY 2020 SPP/APR with special education directors, the Joint Citizens and Legislative Committee on Children, and the ACESD. The SCDE also posted a link to the State's SPP/APR on the SCDE website.

Upon completion of OSEP's review of the current submission, the OSES will post its FFY 2021 SPP/APR, including any revisions to targets. The SPP/APR will also be presented to the ACESD at its next meeting.

Reporting to the Public

How and where the State reported to the public on the FFY 2020 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The LEA profiles, which include the performance of each LEA on the targets in the SPP/APR are located at <https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/data-collection-and-reporting/district-lea-profiles/>.

The State provided a link on its website to its FFY 2020 APR at: <https://www.ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/state-performance-plan-and-state-determinations/>.

A State Performance Plan webpage is located at: <https://www.ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/state-performance-plan-and-state-determinations/>.

A stakeholder input page for the SPP/APR is located at: <https://www.ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/data-collection-and-reporting/state-performance-plan-and-state-determinations/spp-apr-stakeholder-input/>.

Following final submission to OSEP, the OSES will post a complete copy of the FFY 2021 SPP/APR for South Carolina.

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2020 SPP/APR

Consistent with the determination of Needs Assistance, South Carolina has accessed technical assistance from a variety of sources including OSEP-funded centers during FFY21. The various forms of support have included virtual meetings, conference calls, use of materials and fact sheets, on-site and virtual consultation and training, webinars, E-newsletters, completion of training modules, and social media exchanges.

The National Center for Systemic Improvement (NCSI), the National Center for Intensive Intervention (NCII), the IDEA Data Center (IDC), National Center for Education Outcomes (NCEO), Early Childhood Technical Assistance Center (ECTA), IDEA Early Childhood Data Systems (DaSy), and the

Center for IDEA Fiscal Reporting (CIFR) provided support for the SPP/APR process, the review and revision of the state's general supervision system, and the development, review, and revision of fiscal policies, procedures, and practices. OSES staff participated in face-to-face and virtual meetings with NCII staff to support the development of the infrastructure for data-based individualization in schools. ECTA and DaSy facilitated the discussion around indicator 7 and getting stakeholder input. NCII, IDC, and NCEO have assisted with the revisions of the SSIP. SC has continued to work with IDC Data quality peer groups.

The Pyramid Model Consortium and Pyramid Innovation Center also continued to provide significant support to the OSES in implementing this evidence-based model of social-emotional supports for young children at a state level. This work includes building infrastructure in our state to support early childhood educators and parents in teaching children desired behaviors and reducing unwanted behavior so that preschool suspensions and expulsions can be reduced. The Pyramid Model Consortium has provided guidance in developing and implementing the Pyramid Model in South Carolina, which includes the involvement of stakeholders and regular stakeholder meetings.

During FFY2021, the OSES received continuing support from NCSI, IDC, that included monthly national calls as well as frequent state-specific calls with various TA centers to address specific concerns and topics. After receiving the support, the OSES was able to guide LEA staff, parents, and students. South Carolina used TA from these providers to continue developing goals and strategies within four focus areas (early childhood, academic, social-emotional, and post-secondary) in order to improve outcomes for students with disabilities. Specifically, based on the technical assistance SC received, and identification of LEA needs in SC, OSES further developed its system of tiered technical assistance for LEAs that leverages partnerships with personnel from universities throughout South Carolina to provide direct assistance to LEAs specified areas of need. This system of technical assistance and support is similar to the technical assistance system provided by OSEP to support LEAs. During FFY 2021, SC expanded to four (4) technical assistance partnerships/alliances that focus on following areas of critical need: early childhood, behavioral/mental health, academics, and postsecondary/transition.

The OSES also decided to bring all four TA organizations under one umbrella (SC TEAMS) to promote coordination of technical assistance and collaboration across areas of critical need. As a result of this unification of resources, during the summer of 2023, SC TEAMS will be hosting a statewide Summer Institute (SC TEAMS University) and thereafter, technical assistance to LEAs will be provided using a collective provider approach (SC TEAMS).

In addition, during FFY21, the OSES participated in biweekly meetings and received intensive technical assistance from NCEO, IDC, and NCSI to get feedback on the State Systemic Improvement Plan (SSIP) and the State-Identified Measurable Result (SIMR) for our state. With this assistance, the OSES is continuing to refine its SSIP and SIMR to set measurable goals and specify the intervention that is being implemented.

During FFY 2021, ECTA and DaSY met with OSES staff to assist with target setting for Indicator 6. They provided guidance and facilitated the discussions with stakeholders and continued to assist OSES after the stakeholder group meeting with guidance for obtaining additional feedback from stakeholders as well as the target setting process, which resulted in SC revising its target for indicator 6. With regard to Indicator 7, ECTA has provided feedback and assisted OSES in the creation of guidance that will be shared with LEAs.

During FFY 2021, South Carolina also received TA from IDC work, which included:

- SC participation in IDC data quality peer groups;
 - Consultation from IDC on data collection and reporting for Indicator 12;
 - Consultation from IDC on demographic representativeness to improve vendor processes on data collection/ analysis;
 - Consultation from IDC on LEA self-review tool for indicators 4, 9, and 10
 - TA on Indicator 4 calculations methodology options for significant discrepancy for stakeholders to consider
 - Consultation for options related to potential changes to the disproportionate representation definition
- CIFR consistently provided technical assistance to the Fiscal and Grants Management Team at OSES. The dates of technical assistance received from CIFR, and the resulting actions, include:

July 2021 TA: Maintenance of Effort (MOE) and CEIS freed up funds.

Actions: The OSES updated policies and procedures on CEIS funding and provided TA to LEAs on freed-up funds

July 2021 TA: LEA allocations

Action: The OSES updated its allocation policies and procedures

September 2021 TA: MOE and excess cost questions

Action: The OSES revised its Excess Cost Calculator, which was reviewed by NCSI, CIFR and OSEP and approved.

September 2021 TA: CIFR reviewed LEA TA presentation on taking the MOE reduction.

Action: The OSES delivered the presentation to LEAs after getting feedback from CIFR

December 2021 TA: Significant disproportionality and supplanting

Action: The OSES provided TA to LEAs on the information provided by CIFR

January 2022 TA: Provided information on changes to Child Count for 5-year-old children in kindergarten and the impact on 619 funding and the proportionate share calculation

Actions: The OSES updated its policies relating to 5-year-olds and provided TA to LEAs on the changes

March 2022 TA: CIFR provided clarifying information at 2022 Fiscal Forum regarding MFS

Action: The OSES discussed information with SCDE CFO.

April 2022 TA: Discussion with CIFR regarding assisting LEAs with determining local expenditures for MOE to allow for four methods for compliance.

Action: The OSES is continuing to develop its methods of compliance with CIFR

In addition the TA support described above, South Carolina also received guidance from the USED, Office of Special Education and Rehabilitative Services, Office of Special Education Programs (OSEP) with respect to both programmatic and fiscal areas. That support included routine, monthly conference calls with the state liaison; periodic calls with respect to fiscal questions; email correspondence; technical assistance; national conference presentations with South Carolina staff; and presentations by OSEP staff at State events.

Intro - OSEP Response

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 24, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

The State's IDEA Part B determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 60.13% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 46.30% | 48.30% | 50.30% | 54.40% | 60.13% |
| Data | 52.06% | 53.54% | 52.10% | 54.38% | 60.13% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 60.39% | 63.38% | 66.38% | 69.38% | 72.37% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 3,100 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 717 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 289 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,898 |

FFY 2021 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|----------|
| 3,100 | 6,004 | 60.13% | 60.39% | 51.63% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

The data from the previous year (FFY 2020) was not a reliable indication of Graduation Rate due to SCDE guidance from the 2019-20 school year that significantly impacted Indicators 1 and 2. No students were to be marked absent for that quarter and no student who entered that quarter with a passing grade could be failed for that year. The data trend line for all students, including students with disabilities increased higher than years previous. Since more traditional routines for grading and attendance have been re-instituted the current data shows a more accurate depiction of graduation rates for students with disabilities.

Graduation Conditions

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.

South Carolina uses the following to determine the four-year graduation cohort rate. Section 200.19 of the Title I regulations issued under the Elementary and Secondary Education Act on December 2, 2002, defines graduation rate to mean: the percentage of students, measured from the beginning of high school, who graduate from public high school with a regular diploma (not including a GED or any other diploma not fully aligned with the state's academic standards) in the standard number of years; or, another more accurate definition developed by the state and approved by the Secretary in the state plan that more accurately measures the rate of students who graduate from high school with a regular diploma; and avoids counting a dropout as a transfer.

South Carolina has stringent guidelines for graduation with a diploma, offering only one recognized academic diploma for all students. Graduation with a state-issued regular diploma in South Carolina requires the completion of twenty-four-unit courses in specified areas. Diploma requirements include only the successful completion of twenty-four units of study as prescribed by South Carolina Board of Education Regulation and state law.

South Carolina high school graduation requirements can be found at <https://ed.sc.gov/districts-schools/state-accountability/high-school-courses-and-requirements/>.

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)

NO

Provide additional information about this indicator (optional)

The SCDE has a contract with the Transition Alliance of South Carolina to help LEAs set up early warning systems and establish Graduation Teams.

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification FS009.

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 25.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|--------|
| Target <= | 4.00% | 3.80% | 3.60% | 3.40% | 25.00% |
| Data | 3.52% | 4.20% | 4.03% | 6.02% | 25.00% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|--------|--------|--------|--------|--------|
| Target <= | 23.73% | 22.46% | 21.19% | 19.92% | 18.65% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 3,100 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 717 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 289 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,898 |

FFY 2021 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 1,898 | 6,004 | 25.00% | 23.73% | 31.61% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

The data from the previous year (FFY 2020) was not a reliable indication of dropout rate due to SCDE guidance from the 2019-20 school year that significantly impacted Indicators 1 and 2. No students were to be marked absent for that quarter and no student who entered that quarter with a passing grade could be failed for that year. The data trend line for all students, including students with disabilities increased higher than years previous.

SC previously used a different option to calculate drop out rate. There was a change with this submission. If the calculation would have been the same as previous years, there would not have been slippage.

Provide a narrative that describes what counts as dropping out for all youth

The SC State Board of Education defines a dropout as a student who leaves school for any reason, other than death, prior to graduation or completion of a course of studies and without transferring to another school or institute.

Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)

YES

If yes, explain the difference in what counts as dropping out for youth with IEPs.

The unduplicated number of students with disabilities, ages 14 through 21, who were in special education at the start of the reporting period and were not in special education at the end of the reporting period.

Provide additional information about this indicator (optional)

The SCDE has contracted with the Transition Alliance of South Carolina to help LEAs establish early warning systems and Graduation Teams in LEAs with low graduation rates for students with disabilities.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), *i.e.*, a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3A - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 89.79% |
| Reading | B | Grade 8 | 2020 | 79.73% |
| Reading | C | Grade HS | 2020 | 82.09% |
| Math | A | Grade 4 | 2020 | 90.12% |
| Math | B | Grade 8 | 2020 | 80.36% |
| Math | C | Grade HS | 2020 | 75.16% |

Targets

| Subject | Group | Group Name | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------|-------|------------|--------|--------|--------|--------|--------|
| Reading | A >= | Grade 4 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Reading | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Reading | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | A >= | Grade 4 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

04/05/2023

Reading Assessment Participation Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---------|---------|----------|
| a. Children with IEPs* | 9,504 | 8,882 | 7,499 |
| b. Children with IEPs in regular assessment with no accommodations | 3,668 | 3,666 | 5,066 |
| c. Children with IEPs in regular assessment with accommodations | 5,191 | 4,293 | 1,515 |
| d. Children with IEPs in alternate assessment against alternate standards | 515 | 591 | 508 |

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

04/05/2023

Math Assessment Participation Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---------|---------|----------|
| a. Children with IEPs* | 9,503 | 8,878 | 8,547 |
| b. Children with IEPs in regular assessment with no accommodations | 2,948 | 3,206 | 5,751 |
| c. Children with IEPs in regular assessment with accommodations | 5,920 | 4,769 | 1,640 |
| d. Children with IEPs in alternate assessment against alternate standards | 514 | 583 | 560 |

*The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row a for all the prefilled data in this indicator.

FFY 2021 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|--|------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 9,374 | 9,504 | 89.79% | 95.00% | 98.63% | Met target | No Slippage |
| B | Grade 8 | 8,550 | 8,882 | 79.73% | 95.00% | 96.26% | Met target | No Slippage |
| C | Grade HS | 7,089 | 7,499 | 82.09% | 95.00% | 94.53% | Did not meet target | No Slippage |

FFY 2021 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|--|------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 9,382 | 9,503 | 90.12% | 95.00% | 98.73% | Met target | No Slippage |
| B | Grade 8 | 8,558 | 8,878 | 80.36% | 95.00% | 96.40% | Met target | No Slippage |
| C | Grade HS | 7,951 | 8,547 | 75.16% | 95.00% | 93.03% | Did not meet target | No Slippage |

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

The link to the assessment results is <https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/statewide-data-collection-history/>.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 16.51% |
| Reading | B | Grade 8 | 2020 | 7.14% |
| Reading | C | Grade HS | 2020 | 43.81% |
| Math | A | Grade 4 | 2020 | 16.69% |
| Math | B | Grade 8 | 2020 | 4.98% |
| Math | C | Grade HS | 2020 | 22.57% |

Targets

| Subject | Group | Group Name | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------|-------|------------|--------|--------|--------|--------|--------|
| Reading | A >= | Grade 4 | 18.71% | 20.91% | 23.11% | 25.31% | 27.51% |
| Reading | B >= | Grade 8 | 9.34% | 11.54% | 13.74% | 15.94% | 18.14% |
| Reading | C >= | Grade HS | 44.81% | 45.81% | 46.81% | 47.81% | 48.81% |
| Math | A >= | Grade 4 | 18.39% | 19.78% | 21.18% | 22.57% | 23.97% |
| Math | B >= | Grade 8 | 6.38% | 7.78% | 9.18% | 10.58% | 11.98% |
| Math | C >= | Grade HS | 24.57% | 26.57% | 28.57% | 30.57% | 32.57% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 8,859 | 7,959 | 6,581 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,229 | 466 | 2,403 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 380 | 163 | 702 |

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 8,868 | 7,975 | 7,391 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,074 | 241 | 1,685 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 461 | 112 | 496 |

FFY 2021 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 1,609 | 8,859 | 16.51% | 18.71% | 18.16% | Did not meet target | No Slippage |
| B | Grade 8 | 629 | 7,959 | 7.14% | 9.34% | 7.90% | Did not meet target | No Slippage |
| C | Grade HS | 3,105 | 6,581 | 43.81% | 44.81% | 47.18% | Met target | No Slippage |

FFY 2021 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--------------|-------------------|---|---|----------------------|------------------------|----------------------|---------------------|-----------------|
| A | Grade 4 | 1,535 | 8,868 | 16.69% | 18.39% | 17.31% | Did not meet target | No Slippage |
| B | Grade 8 | 353 | 7,975 | 4.98% | 6.38% | 4.43% | Did not meet target | Slippage |
| C | Grade HS | 2,181 | 7,391 | 22.57% | 24.57% | 29.51% | Met target | No Slippage |

Provide reasons for slippage for Group B, if applicable

Mean scores for 8th graders with disabilities took a dip in math scores during the 2021 testing year, similarly to their non-disabled grade-level peers.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

The link to the assessment results is <https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/statewide-data-collection-history/>.

Provide additional information about this indicator (optional)

The SCDE recognized that a variety of flexible scheduling and calendars of instruction existed across the state as well. These changes impacted instructional opportunities for all students, including students with disabilities. The scores have not yet returned to pre-pandemic levels. The State has implemented multi-tiered systems of support to assist LEAs with meeting the unique needs of all students, including students with disabilities.

The data shows that the students with disabilities mean scores are starting to trend upwards. Although, scores have not returned to pre-pandemic levels. The state is utilizing multiple district avenues for assisting LEAs in improving achievement. There have been more ATSI schools identified for students with disabilities. The SCDE is providing technical assistance to districts in understanding the data, making data-informed decisions to improve outcomes for students with disabilities.

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs (Alternate Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3C - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 53.46% |
| Reading | B | Grade 8 | 2020 | 36.26% |
| Reading | C | Grade HS | 2020 | 47.53% |
| Math | A | Grade 4 | 2020 | 41.70% |
| Math | B | Grade 8 | 2020 | 36.98% |
| Math | C | Grade HS | 2020 | 38.16% |

Targets

| Subject | Group | Group Name | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------|-------|------------|--------|--------|--------|--------|--------|
| Reading | A >= | Grade 4 | 54.46% | 55.46% | 56.46% | 57.46% | 58.46% |
| Reading | B >= | Grade 8 | 37.26% | 38.26% | 39.26% | 40.26% | 41.26% |
| Reading | C >= | Grade HS | 37.98% | 49.53% | 50.53% | 51.53% | 52.53% |
| Math | A >= | Grade 4 | 42.70% | 43.70% | 44.70% | 45.70% | 46.70% |
| Math | B >= | Grade 8 | 37.98% | 38.98% | 39.98% | 40.98% | 41.98% |
| Math | C >= | Grade HS | 39.16% | 40.16% | 41.16% | 42.16% | 43.16% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 515 | 591 | 508 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 201 | 193 | 176 |

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 514 | 583 | 560 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 188 | 208 | 197 |

FFY 2021 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|----------|
| A | Grade 4 | 201 | 515 | 53.46% | 54.46% | 39.03% | Did not meet target | Slippage |
| B | Grade 8 | 193 | 591 | 36.26% | 37.26% | 32.66% | Did not meet target | Slippage |
| C | Grade HS | 176 | 508 | 47.53% | 37.98% | 34.65% | Did not meet target | Slippage |

Provide reasons for slippage for Group A, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are in engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

Provide reasons for slippage for Group B, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are in engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

Provide reasons for slippage for Group C, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are in engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

FFY 2021 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|----------|
| A | Grade 4 | 188 | 514 | 41.70% | 42.70% | 36.58% | Did not meet target | Slippage |
| B | Grade 8 | 208 | 583 | 36.98% | 37.98% | 35.68% | Did not meet target | Slippage |
| C | Grade HS | 197 | 560 | 38.16% | 39.16% | 35.18% | Did not meet target | Slippage |

Provide reasons for slippage for Group A, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are in engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

Provide reasons for slippage for Group B, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are in engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

Provide reasons for slippage for Group C, if applicable

The uncertainty and the challenges LEAs faced during the 20-21 and 21-22 school years may have continued impact on achievement rate for students who participate in an alternate assessment on alternate achievement standards. School attendance rate and assessment proficiency of students who have immunocompromising health issues, or fragile medical conditions may have been more impacted by the conditions surrounding the pandemic and the return to in-person instruction during the 21-22 school year. Unique medical needs are a characteristic of a large part of the population of students who participate in the Alternate assessment. This may have affected assessment proficiency and the assessment gap percentage for students who

participate in an alternate assessment on alternate achievement standards. Student participation on all state assessments is back to above 95%. As students are engaged in classrooms more regularly and receiving more typical instruction, along with the support provided through the district implementation of multi-tiered systems of support, the goal will be to see improved outcomes for these students, as well as all students.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

The assessment link is <https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/statewide-data-collection-history/>.

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), *i.e.*, a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2021-2022 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2021-2022 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 29.53 |
| Reading | B | Grade 8 | 2020 | 34.81 |
| Reading | C | Grade HS | 2020 | 39.68 |
| Math | A | Grade 4 | 2020 | 25.26 |
| Math | B | Grade 8 | 2020 | 25.77 |
| Math | C | Grade HS | 2020 | 26.68 |

Targets

| Subject | Group | Group Name | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------|-------|------------|-------|-------|-------|-------|-------|
| Reading | A <= | Grade 4 | 28.53 | 27.53 | 26.53 | 25.53 | 24.53 |
| Reading | B <= | Grade 8 | 33.81 | 32.81 | 31.81 | 30.81 | 29.81 |
| Reading | C <= | Grade HS | 37.68 | 35.68 | 33.68 | 31.68 | 29.68 |
| Math | A <= | Grade 4 | 24.26 | 23.26 | 22.26 | 21.26 | 20.26 |
| Math | B <= | Grade 8 | 24.77 | 23.77 | 22.77 | 21.77 | 20.77 |
| Math | C <= | Grade HS | 25.68 | 24.68 | 23.68 | 22.68 | 21.68 |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for

the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 56,385 | 60,922 | 59,066 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 8,859 | 7,959 | 6,581 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 27,651 | 27,592 | 49,006 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 757 | 381 | 1,064 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,229 | 466 | 2,403 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 380 | 163 | 702 |

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 56,400 | 60,985 | 47,774 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 8,868 | 7,975 | 7,391 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 23,625 | 18,136 | 26,691 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 842 | 275 | 671 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,074 | 241 | 1,685 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 461 | 112 | 496 |

FFY 2021 SPP/APR Data: Reading Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|---|---|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 18.16% | 50.38% | 29.53 | 28.53 | 32.22 | Did not meet target | Slippage |
| B | Grade 8 | 7.90% | 45.92% | 34.81 | 33.81 | 38.01 | Did not meet target | Slippage |
| C | Grade HS | 47.18% | 84.77% | 39.68 | 37.68 | 37.59 | Met target | No Slippage |

Provide reasons for slippage for Group A, if applicable

Mean scores for 4th graders with disabilities increased slightly during the 2021 testing year. Achievement for students with disabilities rose slightly, but it rose faster for students without disabilities. Therefore, the gap increased.

Provide reasons for slippage for Group B, if applicable

Mean scores for 8th graders with disabilities increased slightly during the 2021 testing year. Achievement for students with disabilities rose slightly, but it rose faster for students without disabilities. Therefore, the gap increased.

FFY 2021 SPP/APR Data: Math Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|-------|------------|---|---|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 17.31% | 43.38% | 25.26 | 24.26 | 26.07 | Did not meet target | No Slippage |
| B | Grade 8 | 4.43% | 30.19% | 25.77 | 24.77 | 25.76 | Did not meet target | No Slippage |
| C | Grade HS | 29.51% | 57.27% | 26.68 | 25.68 | 27.76 | Did not meet target | Slippage |

Provide reasons for slippage for Group C, if applicable

The mean score on the Algebra 1 End-of Course Examination Program (EOCEP) trended slightly downward in 2021 as compared to 2019 for all students. Specifically, students with disabilities followed a similar trend. The mean scores for students with disabilities have shown a positive trend upward for the last 3 years. Achievement rose faster for students without disabilities. Therefore, the gap increased.

Provide additional information about this indicator (optional)

The data shows that the students with disabilities mean scores are starting to trend upwards. Although, scores have not returned to pre-pandemic levels. The state is utilizing multiple district avenues for assisting LEAs in improving achievement. There have been more ATSI schools identified for students with disabilities. The SCDE is providing technical assistance to districts in understanding the data, making data-informed decisions to improve outcomes for students with disabilities.

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon districts that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2009 | 5.86% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Target <= | 4.54% | 4.54% | 3.40% | 3.40% | 3.57% |
| Data | 9.09% | 0.00% | NVR | 0.00% | 9.30% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|
| Target <= | 3.47% | 3.37% | 3.27% | 3.17% | 3.07% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR. The SCDE received overwhelming feedback from stakeholders that there was an interest in changing our comparison method to the rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs. The SCDE ran simulations for over the past four years for each LEA and shared that information with each LEA so they could make an informed decision. It was determined that the SCDE would revisit changing the comparison method next year.

FFY 2021 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

NO

| Number of LEAs that have a significant discrepancy | Number of LEAs in the State | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------------------------|---------------|-----------------|---------------|---------------------|----------|
| 11 | 86 | 9.30% | 3.47% | 12.79% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

The OSES reviewed the LEA-level policies, procedures, and practices. The two-part review includes a review of LEA-level policies and practices to ensure all required elements are addressed with a greater focus on practices than in previous monitoring. The first part includes a review of policies and procedures through a self-assessment. The second part includes the LEA review their records to ensure practices are appropriate. Once this two-part self-assessment has been completed and submitted to the OSES, staff at the agency reviewed the self-assessments results submitted by the LEA. The OSES has also noted the variation in data from year to year for this indicator. Additionally, the number of students removed for 10+ days decreased across the state (which lowered the denominator), thereby potentially increasing each LEA's rate ratio. For the 2020-2021 school year, some LEAs in the state were still virtual or hybrid for some of the year, which would allow for decreased suspensions of 10 or more days.

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State's definition of "significant discrepancy" and methodology

The Office of Special Education Services (OSES), identifies districts with significant discrepancies in the rates of long-term suspensions and expulsions through the following steps: Using data collected from Table 5 –Report of Children with Disabilities subject to Disciplinary Removals and Table 1 – Child Count (both from previous year), the OSES employs a rate ratio comparing the rate of students with IEPs in district x for receiving out-of-school suspensions totaling more than ten days to the rate of all students with IEPs in all districts.

Formula Summary: $\frac{\{(Total\ students\ with\ IEPs\ in\ LEA\ with\ OSS\ days\ greater\ than\ 10)\}}{\{(Total\ students\ with\ IEPs\ in\ LEA's\ Child\ Count)\}} / \frac{\{(Total\ students\ with\ IEPs\ in\ State\ with\ OSS\ greater\ than\ 10\ days)\}}{\{(Total\ students\ with\ IEPs\ in\ State's\ child\ count)\}}$

For the purposes of Indicator 4A, South Carolina defines significant discrepancy as any LEA that meets the following criteria: rate ratio exceeding 2.50, without respect to subgroup or group size, in the out-of-school suspension/expulsions of students with IEPs (comparing one LEA to all other LEAs in the state).

Provide additional information about this indicator (optional)

SC has consulted with IDC for feedback on the self-assessments. IDC has provided TA on the calculations for the methodology options for significant discrepancy for stakeholders to consider.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The OSES implemented review process for significant discrepancy. The monitoring process is a two-part focused review and includes a self-assessment conducted by LEA personnel and includes an examination of practices in impacted student files. The LEAs meeting the trigger (rate ratio greater than 2.50) completed this self-assessment to determine if the trigger was met as a result of noncompliance in the development and implementation of IEPs and/or the use of positive behavioral supports and procedural safeguards. If noncompliance was found, corrective actions were imposed on the LEA.

For Fall 2022, Parts 1A and 1B (Procedures and Records Reviews) were mandatory for all districts found to have significant discrepancy in Indicator 4.

Part 1 of the self-assessment is designed to determine if the LEA is in compliance with the following regulatory provisions of the IDEA:

1. Evaluation procedures (34 C.F.R. § 300.304)
2. Development, review, and revision of IEP (34 C.F.R § 300.324)
3. Responsibility of SEA and other public agencies (34 C.F.R § on 300.500)
4. Opportunity to examine records, parent participation in meetings (34 C.F.R § 300.501)
5. Authority of school personnel (34 C.F.R § 300.530)
6. Determination of setting (34 C.F.R § 300.531)

When reviewing policies, procedures, and practices, the LEA was encouraged to convene a team of stakeholders to complete the review. Appropriate stakeholders could include general and special education teachers, building principals, curriculum and instruction representative, school psychologist, student support services representative, and school improvement representative.

Part 1A: Compliance Review: The Compliance Review process (Part 1A and 1B) includes two parts: Part 1A is the review of written policies and procedures related to evaluation procedures; development, review, and revision of IEP; responsibility of SEA and other public agencies; opportunity to examine records, parent participation in meetings; authority of school personnel; and determination of setting regulations under the IDEA. The LEA reviewed its existing policies and indicated whether its written policies and procedures address each specific regulatory requirement. The LEA had to explain any requirement that is not reflected in its policies.

Part 1B included the records review for an LEA-selected sample of appropriate student files during the impacted school year (July 1, 2020– June 30, 2021). Up to 5 files per category will be reviewed.

Potential sources of documentation for review included, but were not limited to, Meeting Notices, Prior Written Notices, discipline records, Manifestation Determination Reviews, Functional Behavior Assessments, Behavior Intervention Plans, progress reports, services logs, and teacher observations and interviews, attendance records, and IEPs.

Upon completion of both reviews, the LEAs submitted the completed Self-Assessment, and results of the file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and issued findings letters of compliance or noncompliance based on the LEA responses to the self-assessments. If the LEA was noncompliant in any area, a letter with specific corrective activities was also issued.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Upon completion of both reviews, the LEAs submitted the completed self-assessment and results of the file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and issued findings letters of compliance or noncompliance.

In review of LEAs's of policies, procedures, and practices revealed noncompliance. The LEAs have been notified in writing of the findings of noncompliance and of the actions necessary for correction. The State's verification of applicable LEA corrections remains outstanding and is in progress to ensure completion by the FFY2022 SPP/APR submission deadline, February 1, 2024.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 5 | | 0 | 5 |

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The state is completing a data review of subsequent data. If any LEAs continue to show noncompliance, they will receive technical assistance coupled with quarterly monitoring and data reviews during the 2023-2024 school year to ensure they are working towards achieving correct implementation of the regulatory requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

4A - Prior FFY Required Actions

The State must report, in the FFY 2021 SPP/APR, on the correction of noncompliance that the State identified in FFY 2020 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2020 SPP/APR

For each individual case of noncompliance, the LEA had to make the correction, through the IEP process (annual or amendment), with a PWN. Then, the LEA had to upload the corrected portion(s) to the OSES' secure portal ADT. At that point, at least two team members from the Integrated Monitoring/Compliance team reviewed the forms submitted to determine if the IEP is now in compliance. If it was not, the team reached back out to the LEA to continue to discuss the needed corrections. Once the files were verified as corrected, the LEA received a notification of verification, indicating that corrections had been made.

4A - OSEP Response

4A - Required Actions

The State must report, in the FFY 2022 SPP/APR, on the correction of noncompliance that the State identified in FFY 2021 and FFY 2020 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2020-2021 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2009 | 2.30% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|-------|-------|------|-------|--------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | NVR | 0.00% | 14.29% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 0% | 0% | 0% | 0% | 0% |

FFY 2021 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.

2

| Number of LEAs that have a significant discrepancy, by race or ethnicity | Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements | Number of LEAs that met the State's minimum n/cell size | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 25 | 10 | 84 | 14.29% | 0% | 11.90% | Did not meet target | No Slippage |

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

A rate ratio exceeding 2.50 in the out-of-school suspensions/expulsions (OSS) greater than 10 days of students with IEPs, by each race/ethnicity. Rate ratios provide a comparison of districts' rates of suspensions/expulsions for students with IEPs to the state's rate of suspensions/expulsions for students with IEPs. Rate ratios are only calculated when the number of children with IEPs within a racial/ethnic group is greater than or equal to 10 (i.e., minimum n-size = 10). Methodology: The Office of Special Education Services (OSSES) identifies districts with significant discrepancies in the rates of Out of School Suspensions and expulsions (OSS) through the following steps: Using data collected from Table 5 –Report of Children with Disabilities subject to Disciplinary Removals and Table 1 – Child Count (both from previous year), the OSSES employs a rate ratio comparing the rate of students of racial/ethnic group y in district x for receiving out-of-school totaling more than ten days to the rate of all students with IEPs in all districts within the state. This is done for each of the seven required racial/ethnic groups.

$\{(Total\ students\ with\ IEPs\ in\ racial/ethnic\ group\ in\ LEA\ with\ OSS\ days\ greater\ than\ 10) / (Total\ students\ with\ IEPs\ in\ racial/ethnic\ group\ in\ LEA's\ Child\ Count)\} / \{(Total\ students\ with\ IEPs\ in\ State\ with\ OSS\ greater\ than\ 10\ days) / (Total\ students\ with\ IEPs\ in\ State's\ child\ count)\}$ For each LEA, rate ratios are calculated for each of the seven required reporting race ethnicities including: • American Indian or Alaska Native • Asian • Black or African American • Hispanic/Latino • Native Hawaiian or Other Pacific Islander • Two or more races • White

Significant discrepancy exists when any of the seven race/ethnicity rate ratios exceeds 2.50. Rate ratios are only calculated when the number of students with IEPs in a racial/ethnic group in an LEA is greater than or equal to 10.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The OSSES implemented review process for significant discrepancy. The monitoring process is a two-part focused review and includes a self-assessment conducted by LEA personnel and includes an examination of practices in impacted student files. The LEAs meeting the trigger (rate ratio greater than 2.50) completed this self-assessment to determine if the trigger was met as a result of noncompliance in the development and implementation of IEPs

and/or the use of positive behavioral supports and procedural safeguards. If noncompliance was found, corrective actions were imposed on the LEA.

For Fall 2022, Parts 1A and 1B (Procedures and Records Reviews) were mandatory for all districts found to have significant discrepancy in Indicator 4. Part 1 of the self-assessment is designed to determine if the LEA is in compliance with the following regulatory provisions of the IDEA:

1. Evaluation procedures (34 C.F.R. § 300.304)
2. Development, review, and revision of IEP (34 C.F.R § 300.324)
3. Responsibility of SEA and other public agencies (34 C.F.R § on 300.500)
4. Opportunity to examine records, parent participation in meetings (34 C.F.R § 300.501)
5. Authority of school personnel (34 C.F.R § 300.530)
6. Determination of setting (34 C.F.R § 300.531)

When reviewing policies, procedures, and practices, the LEA was encouraged to convene a team of stakeholders to complete the review. Appropriate stakeholders could include general and special education teachers, building principals, curriculum and instruction representative, school psychologist, student support services representative, and school improvement representative.

Part 1A: Compliance Review: The Compliance Review process (Part 1A and 1B) includes two parts: Part 1A is the review of written policies and procedures related to evaluation procedures; development, review, and revision of IEP; responsibility of SEA and other public agencies; opportunity to examine records, parent participation in meetings; authority of school personnel; and determination of setting regulations under the IDEA. The LEA reviewed its existing policies and indicated whether its written policies and procedures address each specific regulatory requirement. The LEA had to explain any requirement that is not reflected in its policies.

Part 1B included the records review for an LEA-selected sample of appropriate student files during the impacted school year (July 1, 2020– June 30, 2021).Up to 5 files per category will be reviewed.

Potential sources of documentation for review included, but were not limited to, Meeting Notices, Prior Written Notices, discipline records, Manifestation Determination Reviews, Functional Behavior Assessments, Behavior Intervention Plans, progress reports, services logs, and teacher observations and interviews, attendance records, and IEPs.

Upon completion of both reviews, the LEAs submitted the completed Self-Assessment, and results of the file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and issued findings letters of compliance or noncompliance based on the LEA responses to the self-assessments. If the LEA was noncompliant in any area, a letter with specific corrective activities was also issued.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP Memorandum 09-02, dated October 17, 2008. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

Upon completion of both reviews, the LEAs submitted the completed self-assessment and results of the file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and issued findings letters of compliance or noncompliance.

Fifteen of the LEAs' reviews of policies, procedures, and practices revealed no noncompliance. Ten of the LEAs were issued findings of noncompliance related to policies, procedures, and/or practices. The LEAs have been notified in writing of the findings of noncompliance and of the actions necessary to correct those; LEAs and are still within their one year of correction. The corrections will be verified and reported on in the FY22 APR

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 12 | | 0 | 12 |

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The state is completing a data review of subsequent data. If any LEAs continue to show noncompliance, they will receive technical assistance coupled with quarterly monitoring and data reviews during the 2023-2024 school year to ensure they are working towards achieving correct implementation of the regulatory requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the districts identified with noncompliance in FFY 2020 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1)

is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

For each individual case of noncompliance, the LEA had to make the correction, through the IEP process (annual or amendment), with a PWN. Then, the LEA had to upload the corrected portion(s) to the OSES' secure portal ADT. At that point, at least two team members from the Integrated Monitoring/Compliance reviewed the forms submitted to determine if the IEP is now in compliance. If it was not, the team reached back out to the LEA to continue to discuss the needed corrections. Once the files were verified as corrected, the LEA received a notification of verification, indicating that corrections had been made.

4B - OSEP Response

4B- Required Actions

The State must report, in the FFY 2022 SPP/APR, on the correction of noncompliance that the State identified in FFY 2021 and FFY 2020 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS002.

Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6. Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

5 - Indicator Data

Historical Data

| Part | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A | 2020 | Target >= | 57.00% | 58.00% | 59.00% | 63.00% | 63.96% |
| A | 63.96% | Data | 61.61% | 62.17% | 62.16% | 62.46% | 63.96% |
| B | 2020 | Target <= | 18.18% | 17.88% | 17.88% | 15.50% | 15.34% |
| B | 15.34% | Data | 15.84% | 15.39% | 15.15% | 15.05% | 15.34% |
| C | 2020 | Target <= | 2.00% | 1.70% | 1.70% | 1.70% | 1.19% |
| C | 1.19% | Data | 1.56% | 1.46% | 1.49% | 1.49% | 1.19% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A >= | 63.61% | 64.18% | 64.75% | 65.33% | 65.90% |
| Target B <= | 14.39% | 14.06% | 13.73% | 13.39% | 13.06% |
| Target C <= | 1.18% | 1.17% | 1.16% | 1.15% | 1.14% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|---------|
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 103,730 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 66,456 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 15,401 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 431 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 197 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 897 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2021 SPP/APR Data

| Education Environments | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---|---------------|-----------------|---------------|---------------------|-------------|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 66,456 | 103,730 | 63.96% | 63.61% | 64.07% | Met target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 15,401 | 103,730 | 15.34% | 14.39% | 14.85% | Did not meet target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 1,525 | 103,730 | 1.19% | 1.18% | 1.47% | Did not meet target | Slippage |
| Part | Reasons for slippage, if applicable | | | | | | |
| C | After analyzing the data, there was no slippage in our separate schools going from 455 students in 2020 to 431 students in 2021. Our students in residential facilities increased minimally from 193 students in 2020 to 197 students in 2021. It was determined that our population of students within homebound/hospital has gone up significantly from 559 students in 2020 to 897 students in 2021. | | | | | | |

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.
- C. Receiving special education and related services in the home.

(20 U.S.C. 1416(a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS089.

Measurement

- A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (e.g., 75-85%). Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data – 6A, 6B

| Part | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|------|-----------|--------|--------|--------|--------|--------|
| A | Target >= | 48.90% | 48.90% | 49.00% | 48.90% | 34.08% |
| A | Data | 49.71% | 48.88% | 50.00% | 50.69% | 34.08% |
| B | Target <= | 24.00% | 23.50% | 23.00% | 22.50% | 31.25% |
| B | Data | 25.29% | 23.67% | 22.73% | 22.79% | 31.25% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Based on feedback from the virtual town hall meetings, it was decided to hold an additional stakeholder meeting on 12/9/22 to further discuss the Indicator 6 targets. Stakeholders included representatives from LEA's (special education directors, coordinators and lead staff), South Carolina Partnerships for Inclusion (SCPI - The SEA's technical assistance support for preschool), higher education, parents (2), and representation from the following national technical assistance centers: ECTA and DaSY. Intended outcomes of this meeting were:

understand the purpose and goal of Indicator 6, develop an understanding of SC's data and how it compares to national data, determine philosophy and

goals specific to preschool LRE, and examine current targets/measurement to determine if they need to stay the same or be changed. The group went into great discussion about ensuring a continuum of services and the challenges that are faced which include lack of placement options, especially for three year old's, administrative district and school level decisions and the overall philosophy of all involved with regard to inclusion. Stakeholders engaged in a deep dive of current national and state data and determined the priority for South Carolina is to move students out of separate settings and into more inclusive settings. After much discussion, the stakeholder group supported grouping the ages for reporting purposes in the SPP/APR, but they also supported the SEA reporting by age in individual LEA determinations. The SEA took these recommendations and identified potential new targets for reporting all students together. These were emailed to stakeholders on 1/11/2023 for additional feedback. Stakeholders responded by close of business on 1/13/2023. All responses were in favor of the proposed targets.

Targets

Please select if the State wants to set baseline and targets based on individual age ranges (i.e. separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A | 2020 | 34.08% |
| B | 2020 | 31.25% |
| C | 2020 | 3.47% |

Inclusive Targets – 6A, 6B

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A >= | 34.48% | 34.88% | 35.28% | 35.68% | 36.08% |
| Target B <= | 31.05% | 30.85% | 30.65% | 30.45% | 30.25% |

Inclusive Targets – 6C

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|-------|-------|-------|-------|-------|
| Target C <= | 3.46% | 3.45% | 3.44% | 3.43% | 3.42% |

Prepopulated Data

Data Source:

SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/06/2022

| Description | 3 | 4 | 5 | 3 through 5 - Total |
|--|-------|-------|-----|---------------------|
| Total number of children with IEPs | 2,150 | 2,950 | 662 | 5,762 |
| a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 353 | 1,301 | 328 | 1,982 |
| b1. Number of children attending separate special education class | 920 | 796 | 124 | 1,840 |
| b2. Number of children attending separate school | 71 | 48 | 8 | 127 |
| b3. Number of children attending residential facility | 0 | 0 | 0 | 0 |
| c1. Number of children receiving special education and related services in the home | 28 | 27 | 5 | 60 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2021 SPP/APR Data - Aged 3 through 5

| Preschool Environments | Number of children with IEPs aged 3 through 5 served | Total number of children with IEPs aged 3 through 5 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---|---------------|-----------------|---------------|---------------------|-------------|
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 1,982 | 5,762 | 34.08% | 34.48% | 34.40% | Did not meet target | No Slippage |
| B. Separate special education class, separate school or residential facility | 1,967 | 5,762 | 31.25% | 31.05% | 34.14% | Did not meet target | Slippage |
| C. Home | 60 | 5,762 | 3.47% | 3.46% | 1.04% | Met target | No Slippage |

Provide reasons for slippage for Group B aged 3 through 5, if applicable

There was an increase of 564 three-year old's and 182 four-year old's identified as students with disabilities in the 2021-22 child count data. This is almost three times the increase that the state typically experiences and is most likely due to the increase in referrals after the pandemic. Additionally, more children are attending school and being referred post-pandemic. LEAs claim that the children being referred post-pandemic have many more significant needs than children identified pre-pandemic. The state has seen an increase in the number of preschool children identified over the past two years with autism and developmental delay. A lack of community based regular education programs for three-year old's results in more three-year old's being placed in self-contained settings. This impacts four-year old's as well, but not quite to the extent as three-year old's. There is no state-wide preschool program for three- or four-year old's. However, South Carolina does have some preschool options for four-year old's who are considered "at-risk". Districts often express concern regarding the lack of placement/service options for preschool aged children.

Provide additional information about this indicator (optional)

This is the second year that South Carolina removed five-year old's in kindergarten from the early childhood population count. This is also the second SPP/APR submission where stakeholders wanted to begin reporting by age instead of in the aggregate, thus new baselines and targets were set for FFY 2020 for all ages based on stakeholder feedback.

COVID continued to affect LEAs during the 2021-22 school year. Intermittent whole school closures, alternate attendance models, student quarantine, and staffing difficulties due to quarantine were prevalent during the school year. Additionally, many parents were still hesitant to allow others into their homes or to send their young children to school. Some child care environments also did not allow LEAs to provide services within the child care setting. LEAs continued to work to establish alternative means of communication with families other than the traditional "at school" and "face-to-face" model as needed. Staff contacted families by telephone, email, and virtually.

South Carolina has worked and continues to work with South Carolina Partnerships for Inclusion (SCPI) to provide technical support to districts with regard to all preschool indicators, including preschool LRE/inclusion. SCPI provided universal supports to districts which included professional development opportunities and resource sharing. A virtual community of practice regarding culturally relevant practices in early childhood settings included participants from seven districts, six partner organizations, and five other organizations. SCPI provided tiered targeted assistance to three districts.

The SEA realized that additional support from SCPI was needed, and as a result, extended and increased their contract for the next five years beginning with the 2022-23 school year. SCPI was able to expand upon their staff and plans for additional technical assistance support beginning in 2022-23 to include: a community of practice to address barriers to inclusion, a community of practice to review early childhood indicators and Division for Early Childhood (DEC) recommended practices, and pyramid model implementation which include both leadership and teaming modules. SCPI also has created a virtual preschool inclusion leadership toolkit and continues to offer special education itinerant coach training. In October of 2022, SCPI hosted their first annual early childhood inclusion conference.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1: Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by ((# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

Summary Statement 2: The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 2: Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by ((the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Part | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A1 | 2020 | Target >= | 88.46% | 88.46% | 88.47% | 88.47% | 84.21% |
| A1 | 84.21% | Data | 89.44% | 88.37% | 86.60% | 85.40% | 84.21% |

| | | | | | | | |
|----|--------|-----------|--------|--------|--------|--------|--------|
| A2 | 2020 | Target >= | 66.17% | 66.17% | 66.18% | 66.18% | 56.00% |
| A2 | 56.00% | Data | 64.16% | 62.57% | 60.74% | 58.33% | 56.00% |
| B1 | 2020 | Target >= | 86.14% | 86.14% | 86.15% | 86.15% | 82.21% |
| B1 | 82.21% | Data | 87.56% | 86.67% | 84.21% | 84.14% | 82.21% |
| B2 | 2020 | Target >= | 63.26% | 63.26% | 63.27% | 63.27% | 54.08% |
| B2 | 54.08% | Data | 61.42% | 58.85% | 58.45% | 55.79% | 54.08% |
| C1 | 2020 | Target >= | 89.26% | 89.26% | 89.27% | 89.27% | 83.90% |
| C1 | 83.90% | Data | 91.20% | 88.90% | 87.54% | 87.05% | 83.90% |
| C2 | 2020 | Target >= | 77.22% | 77.22% | 77.23% | 77.23% | 68.43% |
| C2 | 68.43% | Data | 77.56% | 75.67% | 74.25% | 73.05% | 68.43% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|--------|--------|
| Target A1 >= | 86.45% | 86.98% | 87.50% | 88.03% | 88.55% |
| Target A2 >= | 59.48% | 60.05% | 60.62% | 61.20% | 61.77% |
| Target B1 >= | 85.35% | 85.95% | 86.56% | 87.16% | 87.77% |
| Target B2 >= | 57.40% | 58.20% | 59.00% | 59.81% | 60.61% |
| Target C1 >= | 88.44% | 89.14% | 89.84% | 90.53% | 91.23% |
| Target C2 >= | 74.08% | 74.60% | 75.12% | 75.64% | 76.15% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

6,523

Outcome A: Positive social-emotional skills (including social relationships)

| Outcome A Progress Category | Number of children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 33 | 0.51% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 779 | 11.94% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,346 | 35.97% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 2,618 | 40.13% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 747 | 11.45% |

| Outcome A | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 4,964 | 5,776 | 84.21% | 86.45% | 85.94% | Did not meet target | No Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 3,365 | 6,523 | 56.00% | 59.48% | 51.59% | Did not meet target | Slippage |

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

| Outcome B Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 46 | 0.71% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 810 | 12.42% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,234 | 34.25% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 2,378 | 36.46% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,055 | 16.17% |

| Outcome B | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 4,612 | 5,468 | 82.21% | 85.35% | 84.35% | Did not meet target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 3,433 | 6,523 | 54.08% | 57.40% | 52.63% | Did not meet target | Slippage |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 44 | 0.67% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 647 | 9.92% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,600 | 24.53% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 2,687 | 41.19% |

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,545 | 23.69% |

| Outcome C | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 4,287 | 4,978 | 83.90% | 88.44% | 86.12% | Did not meet target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 4,232 | 6,523 | 68.43% | 74.08% | 64.88% | Did not meet target | Slippage |

| Part | Reasons for slippage, if applicable |
|------|--|
| A2 | Historically South Carolina's A2, B2 and C2 data have exceeded the national average. South Carolina's preschool enrollment is increasing post-pandemic. There is an increase of 464 children included in this indicator data compared to last year. While preschool enrollment continues to grow, LEAs report significant delays in development attributed to ongoing pandemic-related issues. LEAs claim that the children being referred post-pandemic have many more significant needs than children identified pre-pandemic. The state has seen increases in the identification of autism and developmental delay in preschool students in the past two years. South Carolina continued to experience impacts from the COVID-19 pandemic in the 2021-22 school year. Intermittent whole school closures, alternate attendance models, student quarantine and staffing difficulties due to quarantine were prevalent during the school year. Additionally, many parents were still hesitant to allow others into their homes or to send young children to school. |
| B2 | Historically South Carolina's A2, B2 and C2 data have exceeded the national average. South Carolina's preschool enrollment is increasing post-pandemic. There is an increase of 464 children included in this indicator data compared to last year. While preschool enrollment continues to grow, LEAs report significant delays in development attributed to ongoing pandemic-related issues. LEAs claim that the children being referred post-pandemic have many more significant needs than children identified pre-pandemic. The state has seen increases in the identification of autism and developmental delay in preschool students in the past two years. South Carolina continued to experience impacts from the COVID-19 pandemic in the 2021-22 school year. Intermittent whole school closures, alternate attendance models, student quarantine and staffing difficulties due to quarantine were prevalent during the school year. Additionally, many parents were still hesitant to allow others into their homes or to send young children to school. |
| C2 | Historically South Carolina's A2, B2 and C2 data have exceeded the national average. South Carolina's preschool enrollment is increasing post-pandemic. There is an increase of 464 children included in this indicator data compared to last year. While preschool enrollment continues to grow, LEAs report significant delays in development attributed to ongoing pandemic-related issues. LEAs claim that the children being referred post-pandemic have many more significant needs than children identified pre-pandemic. The state has seen increases in the identification of autism and developmental delay in preschool students in the past two years. South Carolina continued to experience impacts from the COVID-19 pandemic in the 2021-22 school year. Intermittent whole school closures, alternate attendance models, student quarantine and staffing difficulties due to quarantine were prevalent during the school year. Additionally, many parents were still hesitant to allow others into their homes or to send young children to school. |

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)

YES

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Data for Indicator 7 are collected at the student level by each LEA that provides special education services to young children. LEA's collect this data using tools such as observation tools, information from parents, checklists/informal tools, the South Carolina Early Learning Standards, as well as standardized assessments. South Carolina preschool aged children in publicly funded prekindergarten and kindergarten participate in one of the following three assessments: Teaching Strategies Gold, Preschoolers Acquiring Language Skills or myIGDIs (Individual Growth and Development Indicators). Students entering publicly funded prekindergarten and kindergarten must be administered a readiness assessment during the first forty-five

days of the school year and during the last forty-five days of the school year. An example of other standardized assessments which may be used are: Battelle Developmental Inventory - Second Edition, Clinical Assessment of Articulation and Phonology - Second Edition, Clinical Evaluation of Language Fundamentals - Preschool-3, Developmental Assessment of Young Children - Second Edition, Developmental Profile 4, Expressive One-Word Picture Vocabulary Test - Fourth Edition, Goldman-Fristoe Test of Articulation - Third Edition, Peabody Picture Vocabulary Test - Fifth Edition, Preschool Language Scale-Fifth Edition, Receptive One-Word Picture Vocabulary Test - Fourth Edition, Test of Early Language Development - Fourth Edition, and the Vineland Adaptive Behavior Scales II. Informal assessments may include: teacher checklists, speech-language samples, health and developmental history, and behavior checklists.

Provide additional information about this indicator (optional)

In order to ensure data quality, the state has also recognized a need to provide LEAs with additional information regarding Indicator 7 to include information regarding the indicator, its importance, and how to effectively use data to accurately complete the outcomes summary. This information will be created and provided on the department's website prior to the beginning of the 2023-24 school year. Local program leaders will be encouraged to use the new resource with their teams via LEA driven professional development opportunities.

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

Data Source

State selected data source.

Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

Instructions

Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

| Question | Yes / No |
|---|----------|
| Do you use a separate data collection methodology for preschool children? | NO |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2013 | 84.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 84.50% | 85.00% | 85.00% | 85.50% | 85.50% |
| Data | 84.92% | 93.49% | 97.46% | 89.62% | 91.28% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|--------|--------|
| Target >= | 86.00% | 86.00% | 86.50% | 86.50% | 87.00% |

FFY 2021 SPP/APR Data

| Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities | Total number of respondent parents of children with disabilities | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|------------|-------------|
| 2,957 | 3,005 | 91.28% | 86.00% | 98.40% | Met target | No Slippage |

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

Surveys are sent to all parents at the conclusion of an annual or initial IEPs, which include parents of students with disabilities ages three through five years of age. To accomplish this, the OSES extracts a base file that contains names and addresses of parents for all children during the reporting year. As such, parents of preschool students with disabilities were included in the same method as were children ages six to twenty-one.

The number of parents to whom the surveys were distributed.

109,492

Percentage of respondent parents

2.74%

Response Rate

| FFY | 2020 | 2021 |
|---------------|-------|-------|
| Response Rate | 6.48% | 2.74% |

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

FY2021-2022, the South Carolina Department of Education (SCDE) encouraged Local Education Agencies (LEA) via email reminders to appeal to parents for survey response submissions (online) and will continue said process in FY2022-2023. Subsequently, a six (6) year sampling plan (FY2023-2024) will replace the existing methodology with the expectation of increasing the overall response rate year-over-year, notably among those groups that are under-represented by working in collaboration with the Parent Training and Information Center (PTI) to collect data; frequently sharing demographic updates for specified districts with LEAs to demonstrate representativeness, or lack thereof; and recruiting LEA support in contacting groups that are under-represented.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

SCDE solicited survey responses from parents of students with disabilities regarding demographics of students' age (as of Child Count), gender, race/ethnicity, and primary disability for FY2021-2022. A comparison of response rates by demographic to the State's Child Count for the reporting year was conducted and the demographics of the children for whom parents responded are NOT representative of the demographics of children receiving special education services in the State. To counter bias and promote response from a broad cross section of parents of children with disabilities, SCDE encourage cooperative efforts with LEAs to solicit online responses from parents of children with disabilities, incorporated multi-lingual options via print & online accessibility, as well as encouraged administrative support. Said rates were then compared to one another for the purpose of identifying representativeness based upon a metric of +/-10% (threshold). The evaluation determined that respondents who identified as African American were over- represented. Additionally, other race/ethnic groups identified as under-represented (irrespective of order) include Asian, Hispanic, and White.

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

To determine whether the data represent the demographics of the parents responding are representative of the demographics of children receiving special education services State, the OSES calculated the response rates along four demographic variables:

1. Age of students (based on the child's age as of the state's Child Count);
2. Gender of students;
3. Race or ethnicity (using the federal reporting categories); and
4. Primary disability category.

Next, the State compared the response rates, by demographics, to the State's Child Count for the reporting year. The state then compared these rates to one another. The state then reviewed the difference between the percentages of the demographic variables of the respondents. The threshold used by the state to determine representativeness was a 10 percent difference.

The demographics of the parents responding are representative of the demographics of children receiving special education services. (yes/no)

YES

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

For the purposes of determining whether parents responding are representative of the demographics of children receiving special education services, the Office of Special Education uses a fixed rate of 10%. In other words, if the difference between respondents and the demographics is within 10%, the State finds those data representative.

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

| Survey Question | Yes / No |
|--|----------|
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |
| If yes, provide a copy of the survey. | |

Provide additional information about this indicator (optional)

Information developed by the OSES Ombudsman regarding the SC Indicator 8 Parent Involvement Survey and accompanying 6 language translations are available on the OSES website at the following link <https://ed.sc.gov/districts-schools/special-education-services/parent-resources/yearly-parent-survey/>.

As part of the OSES efforts to improve and build strong parent involvement partnerships, the Indicator 8 Parent Involvement Survey items went through an internal and stakeholder review in the summer of 2022. Drafted revisions to current survey items from an initial internal review were submitted for input from LEAs, ACESD members, and the state PTI including their Bilingual personnel. Based upon stakeholder feedback, OSES made additional revisions and finalized the survey items. Plans are in place to utilize the updated survey items in the 2023-2024 school year.

SC has consulted with IDC on demographic representativeness to improve vendor process and analysis.

8 - Prior FFY Required Actions

None

8 - OSEP Response

The State reported that the data for this indicator are representative of the demographics of children receiving special education services in the State. However, the State also reported "[a]s shown in the data, there was an overrepresentation of respondents who identified as African American and underrepresentation of respondents who identified as White." Additionally, the State reported that its response rate for FFY 2021 was 2.74%, but nonresponse bias was not identified in its analysis. The State must describe how it determined: (1) the data are representative and (2) that nonresponse bias was not present.

8 - Required Actions

The State reported that the response data for this indicator were representative of the demographics of children receiving special education services in the State using the metric of +/-10%. However, in its narrative, the State reported "The evaluation determined that respondents who identified as African American were over- represented. Additionally, other race/ethnic groups identified as under-represented (irrespective of order) include Asian, Hispanic, and White." In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are from a response group that is representative of the demographics of children receiving special education services in the State, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 0.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|-------|-------|------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | NVR | 0.00% | 0.00% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 0% | 0% | 0% | 0% | 0% |

FFY 2021 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

2

| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---|---------------|-----------------|---------------|------------|-------------|
| 2 | 0 | 83 | 0.00% | 0% | 0.00% | Met target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

The OSES uses data collected on Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended) and EDFacts FS002 for all children with disabilities, ages 5 in kindergarten through 21, served under IDEA for calculations on this indicator. These data are collected annually as part of the October (fourth Tuesday) Child Count reporting.

Disproportionate Representation Methodology

South Carolina used the following process to determine the presence of disproportionate representation in special education and related services due to inappropriate identification. The first step was calculation of risk ratios using data submitted by LEAs in the OSEP 618 data tables. Using the electronic spreadsheet developed by Westat, South Carolina calculated the risk ratios for each LEA with regards to its composition of students in special education along the seven federally reported race/ethnic categories. This risk ratio directly compares the relative size of two risks by dividing the risk for a specific racial/ethnic group by the risk for a comparison group. This determined the specific race/ethnic group's risk of being identified as having a disability as compared to the risk for all other students. A risk ratio above the state established criteria initiated the following process to determine whether the disproportionate representation was due to inappropriate identification. LEAs are determined to have disproportionate representation if they exceed the risk ratio trigger, currently at 2.50.

South Carolina collected data for all LEAs for the 2020-21 reporting year. South Carolina determined that a disability subgroup size (n-size) of less than 30 and a cell size of less than 10 would not yield valid disproportionate ratios. As such, two LEAs were excluded from consideration for disproportionate representation.

Disproportionate Representation Definition: South Carolina defines disproportionate representation as occurring when an LEA has the following: a risk ratio greater than 2.50 for overrepresentation, with an n-size greater than 30 and a cell size greater than 10.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Any LEAs that are determined to have disproportionate representation followed the following process to determine whether the disproportionate presentation is due to inappropriate identification: completing a self-assessment to examine LEA policies, procedures, and practices involved in the referral, evaluation, and identification of students with disabilities; completing individual folder reviews for a subset of student records from identified students with disabilities to examine the practices involved in the evaluation and identification of students with disabilities as required by 34 CFR §300.111, §300.201 and 300.301 through §300.311; and submitting a summary of findings to the OSES for verification.

LEAs determined to have disproportionate representation had to undergo a self-assessment process. The self-assessment monitoring process is a focused review of an LEA's policies, procedures, and practices. The process guided the LEA in its examination of the procedures used to identify children as students with disabilities. The LEA's decision-making process and practices were examined to determine to what extent, if any, they contributed to the disproportionate representation of students in disability categories. The LEA's evaluation practices were reviewed to determine if students of the identified racial and ethnic groups had received appropriate evaluations. The evaluations must have included a variety of assessment tools and strategies to gather relevant functional, developmental and academic information about the student that may assist in determining the student's specific classification and the content of the student's individualized education program (IEP), including information related to enabling the student to access and progress in the general education curriculum. This protocol was developed to guide the LEAs through the process of examining policies, procedures, and practices related to the identification of students with disabilities, collecting data and evidence to support determinations, and evaluating the effectiveness of these practices. The same folders reviewed for the use of eligibility criteria were also reviewed for the use of the evaluation process. The LEAs gathered available evidence that pertained to each regulatory requirement, evaluated the evidence, submitted the results of that to the SEA, who then determined whether the evidence supported compliance or noncompliance.

For FY21, no LEAs were found to have exceeded the permissible risk for disproportionate over-representation; therefore, no further actions were required by LEAs in this area.

Provide additional information about this indicator (optional)

SC consulted with IDC for feedback on the self-assessment tool. SC has consulted with IDC for options related to potential changes to the disproportionate representation definition.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

9 - Prior FFY Required Actions

In the State's FFY 2021 SPP/APR, the State must revise its baseline to include all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA.

Response to actions required in FFY 2020 SPP/APR

The baseline includes all children aged 5 who are enrolled in kindergarten and aged 6 through 21 under IDEA.

9 - OSEP Response

In response to the FFY 2020 Required Action, the State reported, "The baseline includes all children aged 5 who are enrolled in kindergarten and aged 6 through 21 under IDEA." However, OSEP notes the requirement to include children aged 5 who are enrolled in kindergarten, in addition to those aged 6 through 21, was established with the FFY 2020 SPP/APR submission. Therefore, OSEP cannot accept the State's reported baseline for this indicator, as it uses data from FFY 2005.

The State did not report valid and reliable data. These data are not valid and reliable because the State reported that two districts were identified with disproportionate representation of racial/ethnic groups in special education and related services and were required to undergo a self-assessment process to determine whether the disproportionate representation was a result of inappropriate identification. However, in its description of how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification the State reported "[f]or FY21, no LEAs were found to have exceeded the permissible risk for disproportionate over-representation; therefore, no further actions were required by LEAs in this area." Because of this discrepancy, the State did not describe how it determined that disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification (e.g., monitoring data, review of policies, practices, and procedures) for FFY 2021.

9 - Required Actions

The State did not provide valid and reliable data for FFY 2021. The State must provide valid and reliable data for FFY 2022 in the FFY 2022 SPP/APR.

In the State's FFY 2021 SPP/APR, the State must revise its baseline to include all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA.

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 7.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|-------|-------|-------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 1.16% | 0.00% | 4.82% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 0% | 0% | 0% | 0% | 0% |

FFY 2021 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

3

| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 37 | 1 | 82 | 4.82% | 0% | 1.22% | Did not meet target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Disproportionate Representation Definition: South Carolina defines disproportionate representation as occurring when an LEA has the following: a risk ratio greater than 2.50 for overrepresentation, with an n-size greater than 30 and cell size greater than 10. The OSES uses data collected on Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended) and EDFacts FS002 for all children with disabilities, ages 5 in kindergarten through 21, served under IDEA for calculations on this indicator. These data are collected annually as part of the October (fourth Tuesday) Child Count reporting.

Disproportionate Representation Methodology

South Carolina used a multitier process to determine the presence of disproportionate representation in special education and related services due to inappropriate identification. The first step was calculation of risk ratios using data submitted by LEAs in the OSEP 618 data tables. Using the electronic spreadsheet developed by Westat, South Carolina calculated the risk ratios for each LEA with regards to its composition of students in special education along the seven federally reported race/ethnic categories. This risk ratio directly compares the relative size of two risks by dividing the risk for a specific racial/ethnic group by the risk for a comparison group. This determined the specific race/ethnic group's risk of being identified as having a disability as compared to the risk for all other students. A risk ratio above the state established criteria initiated the following process to determine whether the disproportionate representation was due to inappropriate identification. LEAs are determined to have disproportionate representation if they exceed the risk ratio trigger.

Based upon feedback from stakeholders, the OSES redefined the trigger to use a risk ratio of above 2.50 for overrepresentation. The data used by the state are only data from one reporting year (FY20).

South Carolina collected data for all LEAs for the 2020-21 reporting year. South Carolina determined that a disability subgroup size of less than 30 and a cell size less than 10 would not yield valid disproportionate ratios. As the data show, three LEAs were excluded from consideration for disproportionate representation based on these criteria.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Any LEAs that are determined to have disproportionate representation (meeting the trigger): used and completed a self-assessment to examine LEA policies, procedures, and practices involved in the referral, evaluation, and identification of students with disabilities; complete individual folder reviews for a subset of student records from identified students with disabilities to examine the practices involved in the evaluation and identification of students with disabilities as required by 34 CFR §300.111, §300.201 and 300.301 through §300.311; and submit a summary of findings to the OSES for verification.

LEAs determined to have disproportionate representation used a self-assessment process. The self-assessment is a focused review of an LEA's policies, procedures, and practices. The process guided the LEA in its examination of the procedures used to identify children as students with disabilities. The LEA's decision-making process and practices are examined to determine to what extent, if any, they contributed to the disproportionate representation of students in disability categories. The LEA's evaluation practices were reviewed to determine if students of the identified racial and ethnic groups had received appropriate evaluations. The evaluations must have included a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student that may assist in determining the student's specific classification and the content of the student's individualized education program (IEP), including information related to enabling the student to access and progress in the general education curriculum. This protocol was developed to guide the LEAs through the process of examining policies, procedures, and practices related to the identification of students with disabilities, collecting data and evidence to support determinations, and evaluating the effectiveness of these practices. The same folders reviewed for eligibility criteria were also reviewed for the evaluation process. The LEAs gathered available evidence that pertained to each regulatory requirement, evaluated the evidence, and determined whether the evidence supported compliance or noncompliance.

The OSES then reviewed and verified the LEA's information. For FY21, there was 1 LEA that was found to have practices that contributed to disproportionate representation. Policies and procedures were appropriate.

Provide additional information about this indicator (optional)

The OSES issued written findings of noncompliance to the 4 LEAs and will report on correction of the noncompliance in the FY20 APR.

SC consulted with IDC for feedback on the self-assessment tool. SC has consulted with IDC for options related to potential changes to the disproportionate representation definition.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 4 | | 0 | 4 |

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The state is completing a data review of subsequent data. If any LEAs continue to show noncompliance, they receive technical assistance coupled with quarterly monitoring and data reviews during the 2023-2024 school year to ensure they are working towards achieving correct implementation of the regulatory requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

10 - Prior FFY Required Actions

In the State's FFY 2021 SPP/APR, the State must revise its baseline to include all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The baseline includes all children aged 5 who are enrolled in kindergarten and aged 6 through 21 under IDEA.

10 - OSEP Response

In response to the FFY 2020 Required Action, the State reported, "The baseline includes all children aged 5 who are enrolled in kindergarten and aged 6 through 21 under IDEA." However, OSEP notes the requirement to include children aged 5 who are enrolled in kindergarten, in addition to those aged 6 through 21, was established with the FFY 2020 SPP/APR submission. Therefore, OSEP cannot accept the State's reported baseline for this indicator, as it uses data from FFY 2005.

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2021 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. The State must demonstrate, in the FFY 2022 SPP/APR, that the district identified in FFY 2021 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

Compliance indicator: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 83.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.65% | 99.94% | 99.74% | 98.01% | 88.05% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

| (a) Number of children for whom parental consent to evaluate was received | (b) Number of children whose evaluations were completed within 60 days (or State-established timeline) | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|-------------|
| 20,851 | 20,694 | 88.05% | 100% | 99.25% | Did not meet target | No Slippage |

Number of children included in (a) but not included in (b)

157

Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

For the FY21 APR, the range of days beyond the 60-day timeline was from 1 to 737 days. COVID continued to contribute to delays in the completion of initial evaluations. LEAs reported student and staff absences due to illness, quarantine, school closures, and protocols. Additional reasons for delays include staffing issues; inability to engage parents in timely input in the evaluation after multiple attempts; scheduling issues, errors, and miscommunication; and staff and student illnesses (not specified as COVID related).

Indicate the evaluation timeline used:

The State used the 60 day timeframe within which the evaluation must be conducted

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State’s monitoring, describe the procedures used to collect these data.

The OSES collects data from the statewide special education database, SC Enrich IEP, for use in the measurement of IDEA Part B Indicator 11. The data are pushed up from the LEA to the state level. The date range for this collection was July 1, 2021 – June 30, 2022. These data were reflective of all students for whom parental consent was received and who received an evaluation consistent with the requirements of IDEA Part B Indicator 11. A team of OSES staff with expertise in data collection, analyses, and reporting reviewed both quantitative and qualitative data from the SC Enrich IEP spreadsheet reports to determine the categorical analysis of each individual student for whom consent to evaluate was received. These staff also conducted follow-up communication with any LEA that exceeded the timeline for one or more children to determine whether or not there was any noncompliance by LEA. The OSES collected additional data and explanatory documentation to ensure the data and information were valid and reliable.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 2,402 | 2,383 | | 19 |

FFY 2020 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

To determine whether the LEAs who had not complied with regulatory requirements in FFY 2020 had corrected and had achieved regulatory compliance, the OSES reviewed the Indicator 11 data for FFY 2021. This review of FY 2021 data and a comparison with FFY 2020 confirmed that FFY 2020 was a data anomaly and that the delays in initial evaluations in FFY 2020 were largely related to issues resulting from the COVID pandemic. The instances of noncompliance/untimeliness dropped dramatically from 2,402 findings in FFY 2020 to 157 findings in FFY 2021. Further, in FFY 2020, 72 LEAs were not in compliance with respect to Indicator 11. The OSES verified that based on FFY 2021 data, which is subsequently gathered data, 37 of these 72 LEAs were 100% compliant, with no cases of untimeliness, thus demonstrating correct implementation of regulatory requirements. The remaining LEAs, which total 35, have been identified for FFY 2021 as requiring continued correction. These LEAs will be receiving technical assistance coupled with quarterly monitoring and data reviews during the 2023-2024 school year to ensure they are working towards achieving correct implementation of the regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected

First, the OSES verified, through its statewide IEP data system, that all evaluations had been completed unless the student moved from the LEA or was otherwise unavailable to the evaluators, or consent for evaluation was revoked. Then, the OSES required the 72 LEAs to review and correct each individual case where initial evaluation exceeded the 60-day timeline in FFY 2020 and who were found eligible under the IDEA. Specifically, for each LEA, the OSES issued findings of noncompliance in a corrective action letter that included a “Verification Spreadsheet”. The OSES directed the LEAs to correct all individual findings of noncompliance as soon as possible but in no case later than one year from the date of notification. The OSES specified that correction for each student found eligible under IDEA must include holding an IEP team meeting to determine whether the delay in completion of the initial evaluation of the child resulted in a denial of FAPE, and if so, consideration of whether compensatory services were warranted. The OSES required LEA personnel to verify completion of the required corrective actions, along with the date of the corrections, on the Verification Spreadsheet provided by the OSES. To confirm the accuracy of the correction information on the Verification Spreadsheets submitted by the LEAs, the OSES required each LEA to upload into the Advanced Data Transfer System (ADT) additional evidence of correction for randomly selected individual cases. The additional evidence included PWNs, eligibility documentation, and enrollment status for any exiting students. The OSES reviewed the Verification Spreadsheets and verified correction for all of the individual cases with the exception of 19 cases in two LEAs. The OSES also confirmed the accuracy of the Verification Spreadsheets submitted by LEAs by reviewing all of the documents uploaded into the ADT for the randomly selected individual cases.

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For the two LEAs that have not provided verification of correction (19 individual cases), the OSES has required that the two LEAs submit their Verification Spreadsheets and supporting documentation for the selected individual cases by no later than May 31, 2023. In addition, since these two LEAs did not meet the one-year timeline, the untimeliness will be noted in their annual LEA determinations.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

LEAs found to have noncompliance in FFY2020 were required to submit to OSES documentation that the children had been evaluated, although late, and that IEP meetings were held for each child found eligible to determine whether the child had been denied a FAPE under the IDEA. If the team determined that FAPE had been denied, the team determined the amount of compensatory serviced needed and developed a plan for providing the services. LEAs were required to submit a Verification Spreadsheet which included LEA verification of correction of all individual cases of noncompliance along with evidence of correction for a predetermined subset of individual student records. Evidence to be submitted for this subset of files include PWNs, eligibility documentation, and enrollment status of exiting students. OSES *reviewed these submissions for verification of correction. The subset of files reviewed is representative of approximately 10 percent of an LEA’s corrections and included at least 1 file and not more than 10 files from an LEA. In addition to the verification of individual student corrections, LEAs will be required to participate in Data Quality Checks to ensure correction and compliance with Indicator 11 requirements.

*LEAs have until February 2, 2023, to submit corrections, therefore, corrections and verifications are still in process.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 19 uncorrected findings of noncompliance identified in FFY 2020 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 78.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|---------|---------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 99.56% | 90.22% | 52.69% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

| | |
|---|-------|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 4,427 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 1,005 |

| | |
|---|-------|
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 1,787 |
| d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied. | 1,578 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 48 |
| f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option. | |

| Measure | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---------------|-------------------------|---------------|-----------------|---------------|---------------------|-------------|
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 1,787 | 1,796 | 52.69% | 100% | 99.50% | Did not meet target | No Slippage |

Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f

9

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

For FFY 2021, the range of days beyond the third birthday was from 1 to 159 days. There were varying reasons for the delays (and subsequent noncompliance) to include the following; an IEP team was not able to meet due to a staff illness; a school IEP team did not meet due to a teacher being on FML; a parent requested to reschedule; a parent delay in providing the student for evaluation; the LEA held an IEP meeting after the student's third birthday.

Attach PDF table (optional)

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The OSES collects data from the statewide special education database, SC Enrich IEP, for use in the measurement of IDEA Part B Indicator 12. The data are pushed up from the LEA to the state level. The date range for this collection was July 1, 2021 – June 30, 2022. These data were reflective of all students for whom this applies in SC. A team of OSES staff with expertise in data collection, analyses, and reporting reviewed both quantitative and qualitative data from the SC Enrich IEP spreadsheet reports to determine the categorical analysis of each individual student for whom consent to evaluate was received. These staff also conducted follow-up communication with any LEA that exceeded the timeline for one or more children to determine whether or not there was any noncompliance by LEA. The OSES collected additional data and explanatory documentation to ensure the data and information were valid and reliable.

Provide additional information about this indicator (optional)

SC consulted IDC and DaSY on the data collection and reporting for indicator 12.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 983 | 869 | | 114 |

FFY 2020 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In FFY2020, 52 LEAs were found to have individual cases of noncompliance for Indicator 12. The OSES reviewed the policies, procedures, and practices related to evaluation and transition from C to B in each LEA and found that the policies and procedures were aligned with all federal and state requirements. As such, it appeared that the findings of noncompliance were, for the most part, related to delays resulting from conditions caused by the COVID pandemic.

To determine whether the 52 LEAs who had not complied with regulatory requirements in FFY 2020 had corrected and had achieved regulatory compliance, the OSES reviewed the Indicator 12 data for FFY 2021. This review of FY 2021 data and a comparison with FFY 2020 confirmed that FFY 2020 was a data anomaly and that the delays in transitions from Part C to Part B in FFY 2020 were largely related to issues resulting from the COVID pandemic.

The instances of noncompliance/untimeliness dropped dramatically from 983 findings in FFY 2020 to 9 findings in FFY 2021. Further, in FFY 2020, 52 LEAs were not in compliance with respect to Indicator 12. In FFY 2021, 50 of these 52 LEAs were 100% compliant, with no cases of untimeliness.

The remaining LEAs, which total two, have been identified for FFY 2021 as requiring continued correction. These LEAs will be receiving technical assistance coupled with quarterly monitoring and data reviews during the 2023-2024 school year to ensure they are working towards achieving correct implementation of the regulatory requirements for Indicator 12.

Describe how the State verified that each individual case of noncompliance was corrected

First, the OSES verified, through its statewide IEP data system, that all Part C to B transitions had been completed, with an IEP developed and implemented, unless the student moved from the LEA or consent for evaluation or for Part B services was refused. Then, the OSES required the 52 LEAs to review and correct each individual case where Part C to B transition was untimely in FFY 2020 and who were found eligible under Part B of the IDEA. Specifically, for each LEA, the OSES issued findings of noncompliance in a corrective actions letter that included a "Verification Spreadsheet". The OSES directed the LEAs to correct all individual findings of noncompliance as soon as possible but in no case later than one year from the date of notification. The OSES specified that correction for each student found eligible under IDEA must include holding an IEP team meeting to determine whether the delay in transition of the child resulted in a denial of FAPE, and if so, consideration of whether compensatory services were warranted. The OSES required LEA personnel to verify completion of the required corrective actions, along with the date of the corrections, on the Verification Spreadsheet provided by the OSES. To confirm the accuracy of the correction information on the Verification Spreadsheets submitted by the LEAs, the OSES required each LEA to upload into the ADT additional evidence of correction for randomly selected individual cases. The additional evidence included IEPs, PWNs, and enrollment status for any exiting students. The OSES reviewed the Verification Spreadsheets and verified correction for all of the individual cases with the exception of the 114 individual cases in five LEAs. The OSES also confirmed the accuracy of the Verification Spreadsheets submitted by LEAs by reviewing all of the documents uploaded into the ADT for the randomly selected individual cases.

FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For the five LEAs that have not provided verification of correction (114 individual cases), the OSES has required that the five LEAs submit their Verification Spreadsheets and supporting documentation for the selected individual cases by no later than May 31, 2023 . In addition, since these five LEAs did not meet the one-year timeline, the untimeliness will be noted in the annual LEA determinations for these LEAs.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

For the LEAs that demonstrated non-compliance, the state required the LEAs to submit the necessary documentation that indicated the reasoning for the missed timeline from Part C to Part B along with evidence of discussion of denial of FAPE (where applicable). The LEAs were given a one year time line to complete the corrections and submit the paperwork necessary for each case of non-compliance. The LEAs were provided with communication throughout the process to do one or more of the following; clarify questions, support with the process and to inform the LEAs about the required steps needed to meet compliance within in the timeline.

*LEAs have until February 2, 2023, to submit corrections, therefore, corrections and verifications are still in process.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 114 uncorrected findings of noncompliance identified in FFY 2020 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in FFY2020 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2009 | 98.92% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 91.90% | 90.48% | 96.88% | 98.25% | 81.42% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

| Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition | Number of youth with IEPs aged 16 and above | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 164 | 172 | 81.42% | 100% | 95.35% | Did not meet target | No Slippage |

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to collect these data, and if data are from the State’s monitoring, describe the procedures used to collect these data.

In FFY 2021, South Carolina conducted the data collection process for Indicator 13 in a different format than had been described in the SPP/APR in place and that had been used in previous years. The process included gathering information from all districts in the state with each district submitting two IEPs for the process. Districts chose which IEPs to submit. The IEPs were reviewed using a tool based on the Indicator 13 Checklist developed by NTA:CTC. The IEPs were reviewed by a team in the Office of Special Education Services and districts were notified of results via email. The email also included steps needed for correction of noncompliance. Districts made those corrections and resubmitted the IEPs for review. The OSES team again reviewed the IEPs. Since only two IEPs were reviewed from each district, the percentage for compliant IEPs for this report rose substantially from the previous year’s report.

| Question | Yes / No |
|--|----------|
| Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16? | YES |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | YES |
| If yes, at what age are youth included in the data for this indicator | 13 |

Provide additional information about this indicator (optional)

The SCDE based their indicator review off of the NTA:CTC Indicator 13 checklist. The required LEA corrective actions are based on the compliance percentage at the time of initial data submission and review. All LEAs that had individual findings of noncompliance had to submit evidence of correction of the individual findings of noncompliance. If the LEA scored below 79% compliance, the OSES required the LEA to participate in the indicator 13 virtual professional learning opportunity. The LEA then submitted documentation the designated staff participated in the post-secondary transition professional learning opportunity.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 81 | 81 | 0 | 0 |

FFY 2020 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

LEAs must review all findings of noncompliance for each individual student as well as the overall compliance percentage for the district and provide professional learning opportunities to address all regulatory requirements of Indicator 13. These requirements are part of the assessment tool used by the SEA. Once all individual corrections have been made, the SEA reassesses all cases to ensure 100% regulatory compliance after corrections.

Describe how the State verified that each individual case of noncompliance was corrected

All correction of noncompliance identified in FFY 2020 for this indicator have been completed and verified. Each LEA with noncompliance identified in FFY 2020 for this indicator achieved 100% compliance based on a review of updated data subsequently collected through an LEA review of student IEPs and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. After the LEA completed all corrective action requirements, IEPs were resubmitted for review to verify the corrections in subsequent IEPs. These IEPs were reviewed using the same data review tool as was used for the initial review.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The State has verified that each LEA with noncompliance identified in FFY 2020 for this indicator is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data collected through a desk review of subsequent IEPs and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02.

Each LEA submitted evidence to demonstrate corrections of individual student findings. The State reviewed all evidence submitted to ensure correction and continued compliance.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

Data Source

State selected data source.

Measurement

- A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

Collect data by September 2022 on students who left school during 2020-2021, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2020-2021 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

Enrolled in higher education as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

Competitive employment as used in measures B and C: States have two options to report data under “competitive employment”:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Enrolled in other postsecondary education or training as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

Some other employment as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services, etc.).

II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school must be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|----------|--------------|--------|--------|--------|--------|--------|
| A | 2020 | Target >= | 16.00% | 17.00% | 18.00% | 25.00% | 11.16% |
| A | 11.16% | Data | 26.21% | 30.87% | 24.44% | 10.65% | 11.16% |
| B | 2020 | Target >= | 45.00% | 46.00% | 47.00% | 50.00% | 39.39% |
| B | 39.39% | Data | 57.36% | 61.04% | 54.63% | 24.90% | 39.39% |
| C | 2020 | Target >= | 60.00% | 62.00% | 64.00% | 75.00% | 83.46% |
| C | 83.46% | Data | 84.39% | 76.44% | 69.87% | 75.83% | 83.46% |

FFY 2020 Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|--------|--------|--------|--------|--------|
| Target A >= | 11.36% | 11.56% | 11.76% | 11.96% | 12.16% |
| Target B >= | 40.89% | 42.39% | 43.89% | 45.39% | 46.89% |
| Target C >= | 84.46% | 85.46% | 86.46% | 87.46% | 88.46% |

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

FFY 2021 SPP/APR Data

| | |
|--|--------|
| Total number of targeted youth in the sample or census | 6,128 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 1,507 |
| Response Rate | 24.59% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 370 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 653 |
| 3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed) | 45 |
| 4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed). | 48 |

| Measure | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|----------------------------|--|---------------|-----------------|---------------|---------------------|-------------|
| A. Enrolled in higher education (1) | 370 | 1,507 | 11.16% | 11.36% | 24.55% | Met target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,023 | 1,507 | 39.39% | 40.89% | 67.88% | Met target | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 1,116 | 1,507 | 83.46% | 84.46% | 74.05% | Did not meet target | Slippage |

| Part | Reasons for slippage, if applicable |
|------|---|
| C | Prior to 2022, districts received a 2-point bonus to the total score on their LEA Determinations if they reached out to students individually instead of the contracted company. This year was the first year these points were no longer provided. Therefore, the response rate decreased. |

Please select the reporting option your State is using:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Response Rate

| FFY | 2020 | 2021 |
|---------------|--------|--------|
| Response Rate | 53.01% | 24.59% |

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The OSES will utilize a two pronged approach to increase response rate. 1). Based upon TAESE recommendation from a consultation several years ago, the OSES saw an increase in the response rate and representiveness. Thereby, the OSES will reinstate said methodology in collaboration with LEAs, Parent Training Information Center (PTI), Center for Independent Learning (CIL) and local communities to increase response rate year over year, particularly for groups that are underrepresented.

2). A third party vendor will conduct a census of school exiters each year to follow-up on post-secondary experiences. Four options will be employed by this group to obtain survey information: email, outbound calls, mailers/letters, and Short Messaging Services (SMS). Exiters will include students who have aged-out, graduated with a regular high school diploma, received a state certificate, or are dropouts at or above age 17. The company will conduct surveys one year after students exit school with postsecondary experiences.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

SCDE solicited survey responses from students with disabilities one year after graduation regarding demographics of gender, race/ethnicity, and primary disability for FY2021-2022. A comparison of response rates by demographic to the Total Exiters for the reporting year was conducted and the demographics of the students are representative of the demographics of children exiting special education services in the State. To counter bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school, SCDE will encourage cooperative efforts with LEAs to solicit online responses from students with disabilities, incorporated multi-lingual options via print & online accessibility, as well as encouraged administrative support.

Said rates were then compared to one another for the purpose of identifying representativeness based upon a metric of +/-10% (threshold). The evaluation determined that all respondents group are represented. Additionally, Hispanics, whites, and Two or more races are identified as under-represented (irrespective of order).

OSES will encourage increased collaboration with SCVRD to locate students with disabilities who are no longer in secondary education.

Include the State's analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State's analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

Of the 6128 exiters, there were 1507 respondents. Of the 1507 respondents, 67% were males and 33% were female. Of those that respondents, 54% indicated they had a "specific learning disability," 35% indicated they had an "other disability," 8% indicated they had an "intellectual disability," and 4% indicated they had an "emotional disability." Of the respondents, 48% were white and 41% were black or African American.

To determine whether the data represent the demographics of the parents responding are representative of the demographics of children exiting special education services State, the OSES calculated the response rates along three demographic variables:

1. Gender of students;
2. Race or ethnicity (using the federal reporting categories); and
3. Primary disability category.

Next, the State compared the response rates, by demographics, to the State's exiters for the reporting year. The state then compared these rates to one another. The state then reviewed the difference between the percentages of the demographic variables of the respondents. The threshold used by the state to determine representativeness was a 10 percent difference.

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

YES

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

For the purposes of determining whether responses are representative of the demographics of children exiting special education services, the Office of Special Education uses a fixed rate of 10%. In other words, if the difference between respondents and the demographics is within 10%, the State finds those data representative.

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |
| Survey Question | Yes / No |
| Was a survey used? | NO |

Provide additional information about this indicator (optional)

The OSES is in Collaboration with the Office of Career and Technology and South Carolina Vocational Rehabilitation Services to increase Career Readiness and Post-Secondary Outcomes through our VICTORY SC initiative. VICTORY SC is a collaborative effort between the SCDE and the South Carolina Vocational Rehabilitation Department to provide supports designed to increase career readiness aligned to the South Carolina Accountability Standards and promote improvement as reflected on LEA school report cards.

14 - Prior FFY Required Actions

None

14 - OSEP Response

The State reported that the response data for this indicator were representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. However, in its narrative, the State reported, "The evaluation determined that all respondents group are represented. Additionally, Hispanics, whites, and Two or more races are identified as under-represented (irrespective of order)." Additionally, in its description of the analysis of the extent to which the response data are representative of the demographics of youth who are no longer enrolled in secondary school and had IEPs in effect at the time they left school, the State indicated, "[t]o determine whether the data represent the demographics of the parents responding are representative of the demographics of children exiting special education services State", which is not consistent with the measurement for this indicator. Therefore, it is unclear whether the response data were representative. OSEP notes that the State did not describe strategies to address this issue in the future.

14 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are from a response group that is representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

15 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|------|
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 34 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 11 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2016 | 37.50% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|--------|--------|--------|--------|---------------|
| Target >= | 37.50% | 40.00% | 42.50% | 42.50% | 45.00%-60.00% |
| Data | 37.50% | 60.00% | 63.16% | 43.48% | 39.29% |

Targets

| FFY | 2021 (low) | 2021 (high) | 2022 (low) | 2022 (high) | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|-----------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
| Target >= | 45.00% | 60.00% | 45.00% | 60.00% | 45.00% | 60.00% | 45.00% | 60.00% | 45.00% | 60.00% |

FFY 2021 SPP/APR Data

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2020 Data | FFY 2021 Target (low) | FFY 2021 Target (high) | FFY 2021 Data | Status | Slippage |
|---|------------------------------------|---------------|-----------------------|------------------------|---------------|---------------------|----------|
| 11 | 34 | 39.29% | 45.00% | 60.00% | 32.35% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

22 of the total 53 due process complaints filed during SY 2021-22 were filed in one LEA.

7 of the 22 due process complaints were filed by the same parent. Of these 7 due process complaints, 3 resolution sessions were conducted without reaching agreements. Of these 7 complaints, 6 were dismissed by the hearing officers based on the parent’s failure to participate in the process or due to the lack of sufficiency relative to the nature of the issues raised in the complaints.

14 of the 22 due process complaints were filed by a second parent, 3 of the 14 were filed on behalf of her own child, but 11 were filed as an advocate for other children of whom she is neither the parent nor legal guardian. Of the 14 complaints filed by this individual, 10 resolution sessions were conducted with no written agreements resulting from either of the 10 meetings. Of the 10 resolution sessions, 4 of the due process complaints were withdrawn by the parents, 3 were dismissed by the hearing officers due to the parent’s failure to participate or the hearing officer not being able to confirm the parents were aware the advocate filed the due process complaints. 3 of the cases proceeded to fully adjudicated hearings.

The 1 remaining due process complaint, out of the 22 complaints filed in this LEA, was filed by a third parent on behalf of her child. Even though the parties did not resolve the matter through a written agreement during the thirty-day resolution period, the parties did resolve the matter through a written settlement agreement prior to the hearing date.

The number of due process complaints filed in this particular LEA is disproportionate to all other LEAs in the state during the same period and were mostly based on complaints about specific administrative personnel in the LEA. 21 of the 22 due process complaints were filed by 2 specific individuals, with 1 of the individuals filing 11 due process complaints on behalf of children for whom she is not the parent or legal guardian. The impetus for many of these filings were related to issues outside the scope of the IDEA and in some cases without the informed consent of the parents and legal guardians.

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by 2.1 times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of resolution mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|---|------|
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 3 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 3 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2013 | 100.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|--------|-------|------------------|----------------|--------|
| Target >= | 75.00% | | 64.00% - 100.00% | 64.00%-100.00% | |
| Data | 50.00% | 0.00% | 100.00% | 80.00% | 50.00% |

Targets

| FFY | 2021 (low) | 2021 (high) | 2022 (low) | 2022 (high) | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|--------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|
| Target >= | 75.00% | 80.00% | 75.00% | 80.00% | 75.00% | 80.00% | 75.00% | 80.00% | 75.00% | 80.00% |

FFY 2021 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2020 Data | FFY 2021 Target (low) | FFY 2021 Target (high) | FFY 2021 Data | Status | Slippage |
|---|---|--|------------------|--------------------------|---------------------------|------------------|------------|----------------|
| 0 | 3 | 3 | 50.00% | 75.00% | 80.00% | 100.00% | Met target | No Slippage |

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Children with Disabilities.

Targets: In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Children with Disabilities. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., Feb 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023; for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The SiMR is academic proficiency in English Language Arts (ELA) for students with disabilities in grades 4-8, as measured by SC Ready, South Carolina's statewide assessment. Per the theory of action, it is expected that students with disabilities whose teachers have completed online learning management system (LMS) coursework will show a higher rate of growth in ELA performance than students whose teachers have not completed the coursework.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The subset of the population is students with disabilities in grades 4-8 whose teachers have completed LMS coursework on evidence-based practices (EBPs) for reading as compared to students with disabilities in grades 4-8 whose teachers did not complete the learning module coursework.

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/data-collection-and-reporting/state-performance-plan-and-state-determinations/section-vi-theory-of-action/>

This theory of action supports providing customized support to local education agencies (LEAs) through the identification of the root cause of poor literacy performance and aligning professional learning of evidence-based practices (EBPs) to teachers and implementation strategies to LEAs to support improved outcomes for students with disabilities in grades 4-8 and increased capacity of districts to sustain and scale-up the EBPs.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

YES

Historical Data

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A | 2020 | 30.60% |
| B | 2020 | 30.60% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A >= | 31.60% | 36.60% | 37.60% | 38.60% | 39.60% |
| Target B >= | 31.60% | 32.60% | 33.60% | 34.60% | 35.60% |

FFY 2021 SPP/APR Data

| Part | | | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|------|--|--|---------------|-----------------|---------------|--------|----------|
| | | | | | | | |

| | | | | | | | |
|---|--|--|--|--------|--|-----|-----|
| A | | | | 31.60% | | N/A | N/A |
| B | | | | 31.60% | | N/A | N/A |

Provide the data source for the FFY 2021 data.

Group A is the treatment group, and Group B is the control group. There are no data to report. Per the FFY2020 submission, SiMR data would be reported comparing student academic outcomes of treatment (Group A: Students with disabilities whose teachers completed the LMS coursework) and control groups (Group B: Students with disabilities whose teachers did not complete the LMS coursework) (i.e., teacher's LMS course completion serving as the independent variable). During the reporting period, the SSIP was not implemented as intended as described at the time of the FFY2020 submission. Additionally, there exists no system developed with the ability to collect the data as described in the FFY2020 submission.

Please describe how data are collected and analyzed for the SiMR.

The implementation of the SSIP submitted for FFY2020 did not occur as planned: Due to the lack of a data collection mechanism there are no data to collect, report on, or analyze for the two groups of students included in the SiMR. Further, the link to the evaluation plan submitted with the SSIP in FFY2020 did not include any evaluative components to measure student academic outcomes or fidelity of implementation.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

The SSIP evaluation plan submitted in the FFY2020 SPP/APR was not comprehensive and failed to identify all needed data to accurately determine progress on the SiMR.

In addition, SiMR data quality issues and concerns were identified based on input from stakeholders, the Office of Special Education Programs (OSEP), and several OSEP funded technical assistance centers providing support to the SC SSIP Leadership Team (i.e., National Center for Educational Outcomes, NCEO; National Center for Systemic Improvement, NCSI; IDEA Data Center, IDC). The following describes the evaluation areas that should have been addressed, issues related to the quality or lack of data, and plans for correction during the next year.

Reach: There were no data to identify the participants in each intervention tier. To address this issue, the OSES will fully describe the criteria for participants, report the relevant data for determination, and use a data collection tool to collect information on participants in the next reporting period.

Process: There were no data to report on the completion of activities or the fidelity of the implementation by the SEA or LEA participants. The OSES will have a collection tool to collect data on implementation activities in the next reporting period.

Capacity: There were no data collected on the capacity of the tiered LEAs or participants. There was not a clear definition in the SSIP about how the capacity of the LEAs was utilized to determine the tier of support. Capacity includes the ability to organize, sustain, and scale up the implementation of the practices. Moving forward, the OSES will use the District Capacity Assessment (DCA) from the National Implementation Research Network (NIRN) to measure district capacity and infrastructure and support improvement based on individual needs. In addition, The Reading Tiered Fidelity Inventory (R-TFI) through the Michigan MTSS Technical Assistance Center (MiMTSS) will be utilized to determine capacity at the school level.

Fidelity: The SSIP only suggested the completion of the modules as a fidelity measure. No data were collected on the teacher completion of the LMS course modules. The fidelity issues were twofold. There was no plan to vet the modules developed by the department to ensure that the EBPs for literacy were addressed as intended. A tool was not provided for teachers to self-assess their implementation of literacy strategies in the classroom nor was there a plan to assess the use of evidence-based practices. To address this issue, the OSES will rely on external experts provided through both state and national technical assistance centers to vet the content of all training. The OSES will use both self-assessment by participants and observational data to determine if EBPs are being implemented in the classroom, school, and LEA levels along with the Reading Tiered Fidelity Inventory as mentioned above at the school level.

Outcomes: The current SSIP requires student-level SC READY test score data on both the control group (i.e., students with disabilities whose teachers/staff received no additional training delivered via LMS) and the treatment group (i.e., students with disabilities whose teachers/staff completed the LMS course modules). There were no data collected, nor does a system exist with the ability to collect this data of students matched to individual teachers. In addition, many students with disabilities receive literacy instruction from both a general and special education teacher, which introduces a possible threat to the internal validity of the SSIP evaluation via possible (likely) confounding variables. The plan included no data to monitor the academic progress of students. While the plan mentioned the use of data-based individualization, there was a failure to capture the use of this through progress monitoring data which could have been used to measure the progress of students by teachers.

Moving forward, the OSES will work with stakeholders—including SEA colleagues in the Office of School Transformation—to set target goals for students with disabilities on SC READY. The Office of School Transformation is responsible for providing technical assistance and support to schools and districts that have been identified for poor performance under the Every Student Succeeds Act (ESSA). Baseline data from SC Ready for students with disabilities in selected schools identified under ESSA will be collected for the next reporting period.

In addition, the OSES will implement the use of curriculum-based measurement (CBM) for students with disabilities to progress monitor and inform the effectiveness of literacy instruction for students with disabilities and to provide progress as additional information on the SiMR at the next reporting period. These data will be analyzed and reviewed by school, district, and state teams to inform progress on SC Ready for all students in the identified schools and districts.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

<https://ed.sc.gov/districts-schools/special-education-services/data-and-technology-d-t/data-collection-and-reporting/state-performance-plan-and-state-determinations/ssip-evaluation-plan/>

The current evaluation plan describes the process for implementation of the SSIP but does not clearly articulate the data necessary for evaluation nor the process for data collection regarding achievement of short-term, medium term or long-term outcomes. Moving forward, the OSES will have an external evaluator collaborate with the SSIP Leadership Team to develop a comprehensive evaluation plan.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period:

During the reporting period, the newly appointed Interim Director of Special Education was made aware that there was not adequate stakeholder involvement in the previous SSIP and other OSES projects. In addition, the SSIP was not implemented as described in FFY2020 submission, and the LMS coursework modules were not fully completed. There was no data system to collect or analyze the data that would be needed to report on the SiMR.

OSES has increased opportunities for stakeholder involvement by creating new stakeholder groups including other SEA offices, disability advocates, parent groups, LEAs, and agencies. In addition, the OSES conducted a virtual town hall to gather input on specific indicators, including the SSIP. The OSES has shared the current SSIP and SiMR with stakeholders and utilized the input along with the SSIP Infrastructure Development, Planning, and Progress Measuring Tool: Using Implementation and Stages of Implementation (<https://ncsi-library.wested.org/resources/258>) to implement the following infrastructure strategies.

LEADERSHIP DRIVERS:

To coordinate the efforts of the SSIP with other SEA offices and agency initiatives, the SSIP Leadership team was established to examine the current practices, solicit and analyze stakeholder input, and monitor the implementation of the SSIP.

ORGANIZATIONAL DRIVERS:

Decision Support Data Systems

The OSES established a multi-disciplinary SSIP leadership team with membership represented from the SEA Office of Research and Data Analysis, the IDEA Part B data manager, an LEA representative with special education data collection expertise, and two external contractors with expertise in psychometrics and district-level assessment accountability systems to identify data needs and availability.

Systems Intervention

Based on stakeholder input, the OSES has initiated alignment of the IDEA Part B performance indicators with ESSA Accountability Indicators. Historically, the poor performance of students with disabilities, as identified in Indicator 3, was addressed by separate initiatives with general education and special education initiatives operating in isolation. The alignment of IDEA and ESSA indicators supports a more cohesive approach to addressing the needs of students with disabilities. This also aligns with the initiatives of the SEA: Academic achievement (literacy), graduation, dropout prevention, and college and career readiness are major foci of several SEA offices and of the SEA leadership more broadly. As such, those key performance indicators are captured in several systems guiding SEA initiatives. By aligning the indicators for IDEA and ESSA accountability and monitoring, the intervention efforts of the SEA will become a more streamlined process for LEAs.

Facilitative Administration

In August 2022, the Interim Director reorganized the OSES office to facilitate better support to LEAs through improved technical assistance supporting the key IDEA Part B performance indicators discussed above. Two newly established OSES teams are tasked with improving results-oriented metrics aligned with OSEP's Results-Driven Accountability (RDA) Matrix: The Implementation Support Team and the Recruitment, Retention, & Programs Team. These two teams have begun collaboration with several key SEA offices, including the following:

- Office of Early Learning and Literacy, which includes agency initiatives regarding Multi-Tiered System of Supports (MTSS)
- Office of School Transformation
- Office of Federal and State Accountability
- Office of Research and Data Analysis
- Office of Career and Technical Education
- Office of Student Intervention Services
- Office of Assessment and Standards

Additionally, these two teams have begun collaborating with the multi-disciplinary data team mentioned above, SC TEAMS (the OSES funded technical assistance center network which launches summer 2023 which is described in greater detail below), and several OSEP funded technical assistance centers (e.g., NCEO, NCSI, IDC, CEEDAR Center, SISEP). This governance focus addresses allowable activities under 34 C.F.R. §300.704 (b)(4) (ix) and directly impacts the delivery of technical assistance.

COMPETENCY DRIVERS

Selection

The Interim Director of Special Education established the South Carolina Transition, Early Childhood, Academic, Multi-tiered Systems of Support, Social/Emotional/Behavioral (SC TEAMS). SC TEAMS is the umbrella Technical Assistance Center comprised of four specialty centers located at institutions of higher education across the state. The four specialty centers are:

- South Carolina Partnerships for Inclusion (SCPI)
- Academic Alliance of South Carolina (AASC)
- Behavioral Alliance of South Carolina (BASC)

- Transition Alliance of South Carolina (TASC)

SC TEAMS will work with OSES along with other SEA offices including the Office of Early Learning and Literacy, Office of School Transformation, Office of Standards and Learning, Office of Federal and State Accountability, and the Office of Research and Data Analysis to increase the local capacity of districts and schools to support the implementation and scaling up of evidence-based practices to improve academic outcomes and functional skills for college and career readiness for children with disabilities ages three to twenty-one in the state. SC TEAMS has two primary partners:

- Family Connection of South Carolina, the state parent training and information center, focused on improving family engagement
- ABLE SC, a non-profit organization representing individuals with disabilities, focused on ensuring disability voice and involvement

Training

OSES along with SC TEAMS developed a plan to provide high-quality training on evidence-based practices to ensure specially designed instruction for students with disabilities and to increase the capacity of the district to sustain and scale up those practices.

Coaching

Members of SC TEAMS will provide facilitative coaches for on-site coaching along with SEA partners to district-level teams on building capacity to select, coach, and train evidence-based high-leverage practices. The support provided to LEAs will be based upon a holistic review of data, initiatives, and root cause identification. Coaching emphasis will align with priority areas identified as requiring support and also for which the district has identified as a priority. In addition, the coaches will work with districts to use decision data to strategically monitor the progress of students with disabilities through their MTSS system. This will support the provision of the technical assistance framework to build, sustain, and scale up the LEAs' capacity to deliver evidence-based practices systematically.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

LEADERSHIP DRIVERS:

While the stakeholder input process must be improved, a positive outcome was that the newly established SSIP leadership team gained insight from initial meetings with stakeholders. The first theme was that, historically, there had been limited to no substantive input on the SiMR or SSIP. When SSIP was discussed with stakeholders during the current reporting period, many were unaware of the current SSIP or SiMR. The second theme stakeholders voiced concern about was the sole use of OSES-developed learning modules as a way to ensure the implementation of EBPs, prompting review of the requisite infrastructure to support improvement.

When utilizing the SSIP Infrastructure, Development, and Planning Process Tool, the OSES is presently within the exploration and installation stages. A short-term outcome of this activity was that OSES needs to build a strong infrastructure to sustain the practices. The activities conducted by the SSIP Leadership team will improve the implementation of the SSIP and result in progress toward the SiMR. The SSIP will serve as the foundation to examine needed changes for governance, data collection systems, fiscal affairs, monitoring, and technical assistance to support and scale up practices across the state.

ORGANIZATIONAL DRIVERS

Decision Support Data Systems

Outcomes of an analysis of the state infrastructure were that the SSIP Leadership Team determined that there was no system to collect the necessary data for the SSIP as outlined during this reporting period and identified the needed components to collect all data including student outcome, fidelity, and input data to utilize for analysis to improve, sustain, and scale up evidence-based practices. Stakeholders also expressed concerns about the ability to collect valid data within the current system. Another outcome was that the SSIP Leadership team identified the need for an external evaluator to write and conduct an evaluation plan for the next year's SSIP implementation. It is anticipated that the external evaluator for the SSIP will be the same as for SC TEAMS and will be under contract by the next reporting period. Having an SSIP Leadership Team with expertise in data analysis will enable the OSES, its external evaluator, and LEAs to effectively identify the data necessary to measure implementation effectiveness, monitor progress toward the SiMR, and inform potential adaptations of the SSIP. As a result, the OSES can establish usable innovations to scale up practices in the state. This will impact the quality of data and the needed governing policies and procedures for data-based decision-making and will be used to report on the SiMR.

Systems Intervention

Outcomes of the alignment of the Part B performance indicators and ESSA accountability indicators resulted in the formation of the SSIP Leadership Team and the initial development a cohesive mechanism for districts to improve performance on both Part B performance indicators and ESSA indicators. Targeting LEAs who have been identified as needing assistance under Part B and ESSA because of poor reading performance of students with disabilities enables the districts to formulate a cohesive plan to address the action items needed to improve performance. The team has identified the districts that have been determined as needing assistance for indicator 3B performance on the regular reading assessment as addressed in the SiMR for reading performance and those districts who are needing assistance under the ESSA because of the poor reading performance of students with disabilities. The SEA will work collaboratively to provide professional learning, including focused coaching aligned to the SiMR. Professional learning outcomes will include use of high-leverage practices and specially design reading instruction, and the use of data-based individualization to make instructional decisions. Having schools work together on a targeted goal for both the SiMR and ESSA will result in the alignment of federal requirements, and progress on the SiMR and will increase the sustainability of evidence-based practices.

Facilitative Administration

An outcome of the reorganization of teams within OSES means that OSES provides direct support to districts. The formation of the Implementation Support Team and the Recruitment, Retention, and Programs Team signals the shift for OSES to provide needed support for the implementation of the SSIP and aligns with the SEA priorities. The Implementation Support Team provides direct support to districts by region, and the Recruitment, Retention, and Support Teams will coordinate the technical assistance and professional learning efforts. A process map was created to guide the approach to working with LEAs to implement the practices. Improving systems and support at the state level will have a direct impact on scaling up evidence-based practices.

COMPETENCY DRIVERS

Selection

SC TEAMS and the SSIP Leadership Team, along with our national TA Center partners including NCEO, NCII, National Center for Improving Literacy

(NCIL), and others will assist in determining the providers of the content of the targeted evidence-based practices. SC TEAMS will work with the selected LEAs to identify the skills needed and ensure ongoing professional learning to build their team of trainers and coaches. The team will develop job-specific skills needed to support the use of evidence-based practices.

Training

Outcomes of the review of training and professional learning opportunities by internal and external stakeholders, the SSIP leadership team, SC TEAMS—along with other offices at the SEA—included a change in the focus and delivery methods for professional learning in literacy. The science of reading training through LETRS is being offered by the Office of Early Learning and Literacy as the foundation of the general curriculum. Special education will provide guidance on how to design specially designed instruction through the use of high-leverage practices for instruction for students with disabilities and data-based individualization which focuses on how to intensify services for students who are not responding to instruction and intervention. Another outcome is that SC TEAMS will work collaboratively with the LEAs to determine the professional learning needs of the district and provide the needed professional learning opportunities. Each OSES funded specialty technical assistance center will focus on literacy and college and career readiness with the identified schools that need to improve results in literacy for students with disabilities. This concentrated effort will support growth toward meeting the SiMR.

An additional outcome was that SC TEAMS would create an initiative inventory of the high-leverage special education practices and literacy instructional strategies along with interventions for students with disabilities to focus the work. There will be an expert content review conducted by identified experts including advisory panel members, Dr. Devin Kearns from the University of Connecticut, and Pam Stecker from Clemson University. The team will design various delivery methods to provide training and support to LEA-level implementers. The training will be delivered through different formats including the use of face-to-face training, virtual simulations, self-paced resources, and the use of the Project ECHO model for case-based professional learning opportunities.

Coaching

Outcomes of a review of coaching opportunities were that SC TEAMS and OSES determined that facilitative coaches would be utilized through SC TEAMS to facilitate the coordination of efforts between TA providers and LEAs. These coaches will be former district-level administrators with training in data analysis and leading district initiatives. Coaching district teams to build their capacity ensures the sustainability and scale-up of the practices and is an effective form of technical assistance.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

State Level Training in the Science of Implementation

During a stakeholder input session with members of SC TEAMS and OSES, it was determined that members of the group had content area expertise but needed more training on the science of implementation. Implementation Specialists from the National Implementation Research Network (NIRN) provided training and are currently following up with SC TEAMS to support the use of implementation science when working with LEAs. The result of this training was rethinking the SSIP to build the infrastructure both within the SEA and also in LEAs to support the practices rather than just focusing on the practices. The team is continuing to restructure the approach for the SSIP to better utilize the facets of implementation science.

Select members of SC TEAMS have completed training with Project Echo to conduct virtual case-based professional learning opportunities. BASC has been named a Project Echo partner and this platform will be used to provide training across the state, particularly in rural areas. The use of virtual case-based professional learning opportunities will provide content expertise to teachers and school leaders to address challenges faced when implementing the practices to improve outcomes for students with disabilities.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Leadership

The current SSIP Leadership Implementation Team will need to expand its membership to include representatives from other offices in the SEA to ensure alignment with SEA initiatives and priorities for improvement. There will be two tasks and outcomes to support better data, governance, and technical assistance during the next reporting period:

- The team must develop a standard protocol for collecting, documenting, and analyzing stakeholder data to inform not only the SSIP specifically but also for the SPP/APR more broadly. The team will utilize OSEP funded technical assistance centers (e.g., NCSI, NCEO, IDC) to assist in the development of the protocol.
- The SSIP Leadership Team and its external evaluator will be responsible for developing a process to monitor the fidelity of the implementation of the activities in the SSIP and progress toward the SiMR and seeking technical assistance when progress is not adequate.

Organizational Drivers

Decision Support Data

The SSIP Implementation Leadership Team will work in collaboration with the multi-disciplinary data team to develop a data dashboard and/or better leverage existing data reports and dashboards to enable districts to examine both input and output data related to the implementation of the SSIP. The data team will assist in the following:

- Identification of a tool to measure the progress of students that is sensitive to small increments of growth to formatively measure progress during the year.
- Development of a standard protocol to progress monitor students with disabilities using curriculum-based measurement.

Systems Intervention

The SC Implementation Team will collaborate with other SEA offices to create guidance for the co-creation of a plan to address the reading performance of students with disabilities in the schools identified through ESSA and/or IDEA indicators. This cohesive plan will specifically target the inclusion of high-leverage evidence-based practices for students with disabilities along with data-based individualization. When schools focus on improving outcomes for students with disabilities, the targets on the SiMR can be met.

Facilitative Administration

The OSES will need to further restructure and provide supports to their new internal teams to create regional multi-disciplinary teams with representation from different offices in SEA to provide technical assistance to LEAs and schools. This will provide a model demonstrating the alignment of cross-office

SEA support. An outcome of this collaboration with a targeted focus is an effective accountability and monitoring system.

Capacity Drivers

Selection

The SSIP Implementation Leadership Team will collaborate with SC TEAMS to select and train facilitative coaches along with identifying the cadre of professional trainers to provide training on evidence-based practices. Anticipated outcomes are a group of facilitative coaches and professional trainers who are knowledgeable about EBPs in literacy and beginning to work with educators in SSIP implementation sites.

Training

There will be four major infrastructure improvement strategies for training in the next year.

- The SSIP Implementation Leadership Team will work in collaboration with SC TEAMS to select and train a cadre of highly trained professionals to deliver content on implementation science, high-leverage evidence-based practices for students with disabilities in reading, and data-based individualization. An anticipated outcome is a cadre of trainers to work in the LEAs identified as needing improvement but can also be available for others.
- The SSIP Leadership Team will work in collaboration with SC TEAMS to conduct Summer University. Summer University will be a week-long opportunity for LEAs to bring teams to learn about high-leverage and evidence-based practices. An anticipated outcome of the Summer University is that LEA teams increase their awareness and knowledge of high leverage practices to support literacy.
- In collaboration with SC TEAMS, a website will be developed with resources for educators, families, and community members on evidence-based practices. Anticipated outcomes include improved dissemination of universal resources.
- The ECHO Project Model will be implemented as a way to provide professional learning to teachers or administrators through a case-based approach.

Coaching

The SSIP Implementation Team will work with members of SC TEAMS to develop a coaching protocol for working with designated districts and schools. The coaches will receive training on the process and expectations for supporting districts.

List the selected evidence-based practices implement in the reporting period:

The OSSES developed a Science of Reading Training Module 101; this consisted of one module for a pretest, three content modules, and one module for the post-test.

Provide a summary of each evidence-based practices.

The following is a description of each content-specific module on the science of reading as stated in the current SSIP:

Why Instruct in the Science of Reading?

In this topic, you will examine national and state trends for reading proficiency and consider the impact that instructional practices have on student literacy. We will open the discussion as to why the science of reading matters and how it can improve student outcomes when implemented with fidelity. It is important to understand why the science of reading is crucial to student achievement before moving on to how it should be implemented.

What is the Science of Reading?

In this topic, you will see a cursory overview of the science of reading. You will learn definitions for the science of reading by experts in the field, conceptual models that allow educators to apply the research to practice, and the brain activity that occurs as readers read.

Legal Foundations for the Science of Reading?

In this topic, you will examine the requirements in state and federal laws regarding reading. Also included are common and useful reading terms that will be helpful in your journey in the science of reading.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child /outcomes.

The thought process behind using this as an evidence-based practice is that teachers would complete the modules and this would enable them to understand the rationale for the science of reading which would impact their use of future evidence-based practices in their classroom literacy instruction. However, input from special education directors suggests that they did not find this method beneficial (see Section C).

Describe the data collected to monitor fidelity of implementation and to assess practice change.

There are no data collected to monitor the fidelity of implementation of the Science of Literacy based modules as described in the SSIP, including completion of the LMS courses and scores on the post-test.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

There were no data collected to support continuing this evidence-based practice as described in the current SSIP.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

Based on input from a variety of stakeholders, the SSIP Leadership Team will revise its evidence-based practices it intends to implement in the SSIP. Newly drafted state standards for English Language Arts will have foundations of reading based on the science of reading for the first time in South Carolina.

The Science of Reading through LETRS is being used as the basis for the development and selection of the general curriculum and is being offered through the Office of Early Learning. For this reason, the focus of the SSIP will shift to evidence-based instructional strategies to deliver the science of reading and training to school teams on how to purposefully monitor the progress of students with disabilities within a data-based problem-solving process within the MTSS framework. The evidence-based practices will be the following:

High Leverage Practices for Special Education by the CEEDAR Center and Council for Exceptional Children : Training and coaching of these practices will be focused on how to deliver specially designed instruction to students with disabilities in special education and to provide practices for general education teachers who deliver reading instruction to students with disabilities. Focusing on schoolwide implementation of practices for students with disabilities will result in a targeted goal to improve literacy outcomes for students with disabilities.

Intensifying Reading Instruction through Intervention through the National Center for Intensive Intervention(NCII): Training and coaching will be provided to both teachers and district-level instructional coaches on the skills to evaluate and build intervention intensity using NCII's Taxonomy of Interventions in response to progress monitoring data as part of the data based individualization process.

Team Initiated Problem Solving (TIPS): The TIPS model from the Center on Positive Behavior Interventions and Supports will be used to train school teams to problem solve and inform decisions for students with disabilities. This same six-step problem-solving process will be used for teachers as they problem-solve when students are not responding to instruction.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

The State's current SiMR is difficult to measure and does not identify the intervention specifically. The State will revise its SiMR to enable useful data that can be used to support scaling up LETRS training to all k-3 general education teachers and elementary special education teachers across the state. The revised SiMR will not include a control group; rather, the SiMR will be measured using a percentage of increase methodology. The OSES will propose to stakeholders a revised SSIP to include LETRS training for K-3 general education teachers and elementary special education teachers that will result in an increase in 3rd grade ELA scores for students with disabilities.

Based on stakeholder input, which has included collaboration with the South Carolina Department of Education's Office of Early Learning and Literacy, the following changes are being drafted as considerations. These will be revised and/or adopted after receiving additional input from stakeholders in the summer/fall of 2023 based on timelines and activities. The alignment of requirements under Part B of the IDEA for the SSIP and ESSA's accountability indicators will result in a cohesive, targeted, and intentional approach to improve reading scores for students with disabilities which will strengthen the implementation of the SSIP to meet the SiMR. The following is a description of activities and the anticipated timeline to take place during the next reporting period.

Summer/Fall 2023

Selection of Schools: The OSES and the Office of Early Learning and Literacy will select the participating schools that meet the following criteria:

The OSES will propose to stakeholders that a total of 5 pilot schools will be chosen to participate in the SSIP based on the following 4 criteria:

- Each school began LETRS training in the first round rolled out by the South Carolina Department of Education, Office of Early Learning and Literacy in August of 2021.
- All K-3 general education teachers and elementary special education teachers in each selected school have completed LETRS training.
- A literacy coach has been assigned to each school through the Office of Early Learning and Literacy.
- All districts must be willing to sign a multi-year agreement to participate.

Agreements:

- LEAs will agree to have K-3 general education teachers and special education teachers in pilot schools participate in all LETRS training and implementation support provided by the literacy specialists from the office of Early Learning and Literacy.
- LEAs will commit to using one of the state-approved universal literacy screeners as a progress monitoring tool to measure student outcomes at the three benchmark periods (fall, winter, and spring).

Target and Progress Data:

The OSES along with input from stakeholders will reset the target for the SiMR. The OSES will also engage in progress monitoring of targets based on improvement for each of the 5 target schools based on SCReady ELA annual data.

Data Review

The literacy specialists along with members of the OSES SSIP leadership team will meet annually with the 5 pilot schools to review results of their SCReady ELA assessments and assist the school with analyzing those results and determine, if necessary, what additional support may be needed.

Fall of 2023:

- Installation: The 5 pilot schools will be chosen. They will continue to receive support for the remainder of the SSIP cycle.
- The SSIP Support Team will develop an action implementation and professional learning plan to ensure the delivery of training and support.

Fall 2023:

Initial Implementation: The following is a brief list of activities that will take place during the school year.

- Training will occur throughout the school year.
- Teachers will implement evidence-based practices, including progress monitoring through one of the state approved universal screeners.
- Internal instructional coaches will collaborate with external coaches to provide instructional support to teachers who are teaching students with disabilities.
- SSIP Leadership Team will meet with the school and LEA team to provide support to the school team.
- LEA will examine and document the process to encourage scale up practices using the school as a model demonstration site for the district.

Summer 2024:

- Evaluation: The LEA and school teams will meet with the SSIP Support Team and state level literacy specialists to evaluate progress towards improving outcomes. The teams will review fidelity measures, satisfaction measures, and student outcome data to plan for the any changes or adjustments for the following school year.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The SCDE shared information about the SPP/APR and sought input from our South Carolina Advisory Council on the Education of Students with Disabilities (ACESD). This partnership is designed to authentically engage this critical group of stakeholders in collaborative efforts that are directly aligned with the educational results and functional outcomes for students with disabilities. Updates with the SPP/APR were shared at the quarterly ACESD meetings. The SPP targets were also shared with the South Carolina Joint Citizens and Legislative Committee on Children and feedback was solicited from this group as well.

Information about the SPP/APR is posted on the SCDE website with a link to provide input. The SCDE is in the process of getting an email address for the SPP/APR so input can be shared at any time about the targets. In addition, the OSES is currently working to develop a standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform the SPP/APR.

Finally, weekly updates were provided to Special Education Directors and technical assistance providers that included information on the SPP/APR. Stakeholder input gathered during the reporting period suggested a need to change the SSIP as well as highlighted the lack of knowledge about the SSIP and SimR and the need to establish regular stakeholder feedback processes. Feedback from LEA representatives confirmed that the LMS courses outlined in the SSIP were not fully implemented during the reporting period; feedback from other SEA offices confirmed that vetting of the LMS course materials had not occurred outside of the OSES (e.g., with the Office of Early Learning and Literacy), which prompted concerns about the quality of the LMS courses. Additionally, LMS courses presented a barrier in that educators perceived the courses to be difficult to access and complete. One Director shared, "Regarding professional development, the previous online modules were not very helpful in planning. On-site coaching and support in evidence-based practices seems like a move in the right direction." Stakeholders were encouraged that the new SSIP Leadership Team had involved general education colleagues at the SEA in the re-imagining of the SSIP.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

In FY2020 submission, it was reported that a variety of methods were utilized to solicit stakeholder input in the development of the SIMR and the SSIP. OSES staff involved in the SSIP indicated that they solicited input from teachers, parents/community members, and LEA staff. The Advisory Council for Students with Disabilities (ACESD) provided input on the information that was sent out to stakeholders, and surveys were conducted.

Since August 2022, OSES has provided stakeholders with information regarding the SSIP via two recorded virtual town halls open to the public, a Special Education Directors Advisory Committee meeting of regional directors, a meeting of the Advisory Council for Educating Students with Disabilities, SC TEAMS, and a team of members of SEA offices. At these meetings, a description of the current SSIP, as well as proposed changes to the SSIP were presented, and input was collected via surveys. Stakeholders included special education administrators, parents, representatives from advocacy organizations, and outside agency representatives.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Upon review of the SSIP submitted in FFY2020 and after soliciting feedback from stakeholders, which expressed numerous concerns, including that the SSIP was not aligned with other initiatives. The SSIP Leadership Team agreed with its stakeholders, and the OSES is developing and will implement a new SSIP aligned to existing state initiatives to be reported on in the FFY2022 SPP/APR submission. Implementation will be based on a new theory of change.

Another concern expressed by stakeholders was that the LMS courses developed were too narrowly focused in that there was no alignment of the courses with other SEA or LEA initiatives. Additionally, there had been no vetting of LMS content by relevant SEA offices (such as the Office of Early Learning and Literacy), and there was no ongoing coaching or support for teachers who wished to implement the strategies learned via the LMS courses. The SSIP Leadership Team determined that the SSIP submitted in FFY2020 focused on the virtual delivery of content via LMS and did not provide implementation support (coaching, feedback, etc.). The SSIP Leadership Team identified the need to better align SSIP implementation with Implementation Science, reflected in the participation by the OSES in NIRN's Science of Implementation training in fall 2022 and reflected in the revised theory of change and process maps (to be fully reported on in FFY2022 submission).

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The process of revising the SiMR to an ambitious yet attainable result to improve academic achievement in the area of literacy began during the reporting period and will be reported on more fully in the FFY2022 SPP/APR submission. This shift in SSIP coincides with the change in the Office of Special Services Director, which took effect in May 2022.

Notably, the OSES has begun the process of revising the SiMR, and theory of action, and developing several supporting documents to include a logic model and a TA process guide to align the SSIP with broader state-level literacy initiatives for literacy improvement. Additionally, the OSES is in the process of contracting with an external evaluator for the SSIP and building a robust evaluation plan. The SSIP Leadership Team composed of OSES members, representatives from SEA offices, external content contractors, and LEA representatives will be responsible for coordinating and monitoring the fidelity of the implementation and progress toward the SiMR and making recommendations about adaptations to ensure effectiveness.

These proposed changes to the SSIP and SiMR have been informed via feedback from stakeholder groups and multiple offices in the SEA to ensure alignment with current state initiatives to improve literacy. In addition, several OSEP funded technical assistance centers have provided guidance directly as OSES has engaged in the process of revising its SSIP. These centers include the NCSI, IDC, and NCEO.

South Carolina intends to implement a new SSIP in the next fiscal year as a result of the feedback related to the current SSIP as well as the identification of barriers to effective implementation of the current SSIP. The state will update the theory of change, develop a logic model, and implementation plan, and maintain a network of training and technical assistance centers that will provide ongoing training, support, and coaching to identified schools and districts. As the state develops the new SSIP, stakeholder input will be obtained on a regular basis from parents/community members, outside agencies, LEA representatives, and teachers.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Timeline for Stakeholder Input

January /February 2023: A standard protocol for engaging stakeholders, collecting data, documenting input, and analyzing the input to inform progress on the SiMR and SSIP will be developed. The SSIP Leadership Team will use the guidance documents from the NCSI to develop the protocols.

- March 2023: Follow-up meeting with ACESD from the January 2023 ACESD meeting in which the SSIP Leadership Team provided an overview of the SSIP and proposed changes to the SiMR and SSIP. Feedback will be solicited via survey. Members will again be surveyed for their interest in joining a focus group to provide ongoing feedback throughout the development of changes to the SSIP.
- March 2023: The SSIP Leadership Team will present at the ESSA Academy state conference.
- May 2023: The SSIP Leadership Team will present at the Family Connection of SC Hopes & Dreams Conference.
- Spring 2023: The SSIP focus group will be identified, representing a diverse group of stakeholders. This focus group will provide feedback related to proposed changes as well as feedback related to methods for communicating information with stakeholders. The focus group will meet regularly to discuss updates and to provide feedback to the SSIP Leadership Team.
- Spring 2023: A dedicated webpage for the SSIP, including space to submit feedback, will be made available on the SEA website and also communicated via the SC TEAMS website launch

Throughout the year, virtual town halls will be held to provide a detailed overview of the SSIP process along with proposed changes to the SiMR and the SSIP for next year. Stakeholders invited will include SEA representatives, LEA representatives, advocacy organizations, parents, outside agencies, community organizations, and educators. Feedback will be solicited via survey.

Additionally, the SSIP Leadership Team will leverage existing state infrastructure to share about SSIP activities with LEA and SEA stakeholders (e.g., roundtable meetings facilitated by the South Carolina Association of School Administrators, the cross-office SEA work termed “SCORE” to create a unified framework, comprehensive consolidated needs assessment, and “One Plan”).

Timeline for Implementation Activities

The following are additional activities and timelines to support implementation not stated in Section B.

- March 2023: The SSIP Leadership Team in collaboration with the external evaluator will utilize NCSI’s Implementation Evaluation Matrix (<https://ncsi-library.wested.org/resources/55>) to plan and track the implementation of changes. This will enable the team to track implementation progress and ensure continuous improvement of the activities in the SSIP in order for the state to meet the SiMR target.
- Spring 2023: For SSIP implementation schools, SC READY data for students with disabilities in grades 3-5 from the spring 2023 administration will be collected to use as baseline data to monitor the progress of implementation and inform progress towards the SiMR.
- Fall 2023: Selected schools will utilize curriculum-based measures for students with disabilities. These data will be utilized for data-based individualization and for the school MTSS Leadership Team to monitor the effectiveness of practices. CBM data will guide the need to intensify evidence-based practices to ensure students make ambitious progress to impact the SiMR.
- Fall 2023: School MTSS teams will receive training on the use of TIPS to identify problems with the implementation of SSIP, set short-term goals for improvement, and implement solutions with fidelity. This targeted focus by the school-level MTSS teams will increase the performance of students impacting the SiMR.
- Fall 2023: Baseline data will be collected on the LEA’s capacity to implement and support the evidence-based practices as described in Part B in order to sustain and scale up. The District Capacity Assessment from the National Implementation Research Network will be used to measure the LEA’s ability to align its resources to support the intended outcomes of the implementation. The use of this tool will enable districts not only to support the targeted school to sustain the practices, but they will also be able to scale up their practices to other schools within the LEA thus impacting improvement on the SiMR.
- Fall 2023: Schools will be trained to administer the MiMTSS Reading Tiered Fidelity Inventory for baseline data. This will serve to enable the school to measure the implementation of the systems. This does not measure the implementation of curriculum, but rather will enable schools to align resources to support the implementation of SSIP to reach the SiMR.
- Fall 2023: The SSIP Leadership team will identify a tool to collect information from participants after participation in training on the effectiveness of training will be used to evaluate and inform the next steps for training.
- Fall 2023: The SSIP Support Team will select the fidelity and observational tools for use. These will be trained and use will begin after the first practices begin. These data will be used to determine the level of coaching, monitor the fidelity of implementation, and document feedback to determine effectiveness.
- Spring 2023: All data listed above will be analyzed and used to provide the data evaluation component of implementation.

Describe any newly identified barriers and include steps to address these barriers.

No newly identified barriers not addressed in previous sections have been identified.

Provide additional information about this indicator (optional).

n/a

17 - Prior FFY Required Actions

The State did not provide data for FFY 2020. The State must provide the required data for FFY 2021 in the FFY 2021 SPP/APR.

The State did not provide baseline data. The State must provide the required baseline data in the FFY 2021 SPP/APR.

The State did not provide FFY 2020-FFY 2025 targets. The State must provide the required FFY 2020- FFY 2025 targets in the FFY 2021 SPP/APR.

The State did not provide numerator and denominator descriptions in the FFY 2020 data table. The State must provide the required numerator and denominator descriptions for FFY 2021 in the FFY 2021 SPP/APR.

Response to actions required in FFY 2020 SPP/APR

We are signaling a change in the SSIP with the FFY2021 SPP/APR submission. The SSIP from the FFY2020 SPP/APR submission was not implemented. Stakeholder input was not solicited to set targets for a plan which was not implemented, nor planning to be continued.

The process of soliciting stakeholder input for target setting has begun during the current reporting period; however, baseline data and targets for the SSIP will be provided in the FFY2022 SPP/APR submission once sufficient stakeholder input has been gathered.

17 - OSEP Response

OSEP's response to the State's FFY 2020 SPP/APR required the State to include in the FFY 2021 SPP/APR, the required: data for FFY 2021; baseline data; FFY 2020- FFY 2025 targets; and the numerator and denominator descriptions. The State provided none of the required information.

The State reported, "There are no data to report. Additionally, there exists no system developed with the ability to collect the data as described in the FFY2020 submission." OSEP is concerned about the State's inability to collect data for this indicator for FFY 2020 and FFY 2021.

The State did not provide a current Evaluation Plan.

The State did not summarize the strategies or activities that ensured the use of evidence-based practices with fidelity.

17 - Required Actions

The State did not, as required by the OSEP Response to the State's FFY 2020 SPP/APR and the Measurement Table, provide: (1) data for FFY 2021; (2) baseline data; (3) FFY 2020- FFY 2025 targets; and (4) the numerator and denominator descriptions. Additionally, the State did not provide in its FFY 2021 submission, a current Evaluation Plan, or a summary of the strategies or activities that ensured the use of evidence-based practices with fidelity, as required by the Measurement Table.

In the FFY 2022 SPP/APR, the State must report all required data and components in this indicator. Reporting data under this indicator is critical so that the State, OSEP, and the public can determine the State's performance and whether and how the State met its targets for this indicator. OSEP may consider taking additional actions if the State is unable to report the required data in its FFY 2022 SPP/APR.

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role:

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Peter E. Keup

Title:

Director

Email:

pekeup@ed.sc.gov

Phone:

8037346771

Submitted on:

04/27/23 6:21:25 PM

Determination Enclosures

RDA Matrix

2023 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

| Percentage (%) | Determination |
|----------------|------------------|
| 69.58% | Needs Assistance |

Results and Compliance Overall Scoring

| | Total Points Available | Points Earned | Score (%) |
|-------------------|------------------------|---------------|-----------|
| Results | 24 | 13 | 54.17% |
| Compliance | 20 | 17 | 85.00% |

2023 Part B Results Matrix

Reading Assessment Elements

| Reading Assessment Elements | Performance (%) | Score |
|---|-----------------|-------|
| Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments | 93% | 2 |
| Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments | 90% | 2 |
| Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | 22% | 1 |
| Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress | 92% | 1 |
| Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | 18% | 0 |
| Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress | 94% | 1 |

Math Assessment Elements

| Math Assessment Elements | Performance (%) | Score |
|---|-----------------|-------|
| Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments | 93% | 2 |
| Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments | 90% | 2 |
| Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | 35% | 0 |
| Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress | 95% | 1 |
| Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | 14% | 0 |
| Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress | 92% | 1 |

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part B."

Exiting Data Elements

| Exiting Data Elements | Performance (%) | Score |
|--|------------------------|--------------|
| Percentage of Children with Disabilities who Dropped Out | 31 | 0 |
| Percentage of Children with Disabilities who Graduated with a Regular High School Diploma** | 51 | 0 |

*Due to privacy concerns the Department has chosen to suppress this calculation.

**When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2023 Part B Compliance Matrix

| Part B Compliance Indicator ² | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2020 | Score |
|--|-----------------|---|-------|
| Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements. | 11.90% | NO | 1 |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification. | NVR | N/A | 0 |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification. | 1.22% | N/A | 2 |
| Indicator 11: Timely initial evaluation | 99.25% | NO | 2 |
| Indicator 12: IEP developed and implemented by third birthday | 99.50% | NO | 2 |
| Indicator 13: Secondary transition | 95.35% | YES | 2 |
| Timely and Accurate State-Reported Data | 96.15% | | 2 |
| Timely State Complaint Decisions | 100.00% | | 2 |
| Timely Due Process Hearing Decisions | 100.00% | | 2 |
| Longstanding Noncompliance | | | 2 |
| Specific Conditions | None | | |
| Uncorrected identified noncompliance | None | | |

² The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-B_SPP-APR_Measurement_Table.pdf

Data Rubric

FFY 2021 APR³

| Part B Timely and Accurate Data -- SPP/APR Data | | |
|---|---|-------|
| APR Indicator | Valid and Reliable | Total |
| 1 | 1 | 1 |
| 2 | 1 | 1 |
| 3A | 1 | 1 |
| 3B | 1 | 1 |
| 3C | 1 | 1 |
| 3D | 1 | 1 |
| 4A | 1 | 1 |
| 4B | 1 | 1 |
| 5 | 1 | 1 |
| 6 | 1 | 1 |
| 7 | 1 | 1 |
| 8 | 1 | 1 |
| 9 | 0 | 0 |
| 10 | 1 | 1 |
| 11 | 1 | 1 |
| 12 | 1 | 1 |
| 13 | 1 | 1 |
| 14 | 1 | 1 |
| 15 | 1 | 1 |
| 16 | 1 | 1 |
| 17 | 0 | 0 |
| | Subtotal | 19 |
| APR Score Calculation | Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| | Grand Total - (Sum of Subtotal and Timely Submission Points) = | 24 |

³ In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

| | 618 Data ⁴ | | | |
|---|-----------------------|---------------|---|-------|
| Table | Timely | Complete Data | Passed Edit Check | Total |
| Child Count/ Ed Envs Due Date: 4/6/22 | 1 | 1 | 1 | 3 |
| Personnel Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| Exiting Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| Discipline Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| State Assessment Due Date: 12/21/2022 | 1 | 1 | 1 | 3 |
| Dispute Resolution Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| MOE/CEIS Due Date: 5/4/22 | 1 | 1 | 1 | 3 |
| | | | Subtotal | 21 |
| 618 Score Calculation | | | Grand Total (Subtotal X 1.23809524) = | 26.00 |

⁴ In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

| Indicator Calculation | |
|--|--------|
| A. APR Grand Total | 24 |
| B. 618 Grand Total | 26.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 50.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| Denominator | 52.00 |
| D. Subtotal (C divided by Denominator*) = | 0.9615 |
| E. Indicator Score (Subtotal D x 100) = | 96.15 |

***Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.23809524.**

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all EDFacts files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

| 618 Data Collection | EDFacts Files/ EMAPS Survey | Due Date |
|---|---|---|
| Part B Child Count and Educational Environments | C002 & C089 | 1 st Wednesday in April |
| Part B Personnel | C070, C099, C112 | 1 st Wednesday in November |
| Part B Exiting | C009 | 1 st Wednesday in November |
| Part B Discipline | C005, C006, C007, C088, C143, C144 | 1 st Wednesday in November |
| Part B Assessment | C175, C178, C185, C188 | Wednesday in the 3 rd week of December (aligned with CSPR data due date) |
| Part B Dispute Resolution | Part B Dispute Resolution Survey in EMAPS | 1 st Wednesday in November |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in EMAPS | 1 st Wednesday in May |

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data submitted to EDFacts aligns with the metadata survey responses provided by the state in the State Supplemental Survey IDEA (SSS IDEA) and Assessment Metadata survey in EMAPS. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>